

FOR OFFICE USE:

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CLOSURE: _____
REASON: _____
CSWR: _____

Big Brothers Big Sisters of Greater Halifax

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PHONE: 902-466-KIDS (5437) * FAX: 902-465-4281

**Little Brothers & Little Sisters
APPLICATION FORM**

COMPLETED BY CHILD'S PARENT/GUARDIAN~ PLEASE PRINT CLEARLY

OPTIONAL

WHO'S WHO?

A recent photograph helps us remember who's who. Please attach one if you care to share with us.

PERSONAL INFORMATION:

CHILD'S NAME: _____
BIRTHDATE: (DD/MM/YY): _____
CURRENT AGE: _____
HEALTHCARD #: _____

ADDRESS:

ADDRESS: _____
CITY: _____
POSTAL CODE: _____
PHONE NUMBER: _____

SCHOOL INFORMATION:

SCHOOL: _____
TEACHER: _____
GRADE: _____
LANGUAGES SPOKEN: _____

REFERRING PARENT/GUARDIAN:

NAME: _____
OCCUPATION: _____
EMPLOYER: _____ WORK NUMBER: _____
HOME NUMBER: _____ CELL NUMBER: _____
EMAIL ADDRESS: _____
PRESENT MARITAL STATUS: _____

ABSENT PARENT:

NAME: _____
ADDRESS: _____
CITY: _____ PROVINCE: _____ POSTAL CODE: _____
DAY PHONE: _____ CELL: _____ WORK: _____
EMAIL ADDRESS: _____
PRESENT MARITAL STATUS: _____

ALTERNATIVE CONTACT IF REFERRING PARENT IS NOT AVAILABLE:

NAME, HOME/ WORK/ CELL PHONES: _____
EMAIL: _____ RELATIONSHIP TO FAMILY: _____

Please indicate how relationship with absent parent ended: DIVORCE () SEPARATION () DESERTION () OTHER () _____

If the relationship ended by any reason other than death please check the statements that apply to your situation:

- () Court-ordered custody exists
- () Referring parent has sole custody
- () Parents have shared custody
- () Court has ordered support payments
- () Support is paid regularly
- () Other: _____
- () Absent parent has died since separation/divorce
- () Father had children by prior marriage
- () Absent parent has married again
- () Absent parent plans to marry again
- () Parent who is applying for Big Brothers & Sisters service has never married
- () Absent parent has visiting privileges
- () Absent parent visits _____ times/month
- () Referring parent has married again
- () Referring parent plans to marry again

How long have you lived in the area? _____ If less than 3 years, where did you live before that? _____

Please list names and ages of other persons living in the home: _____

How do you think your child would benefit from a mentoring relationship with a Big Brother, Big Sister or Big Couple? _____

What are your child's favourite interests, hobbies and activities? _____

I hereby request Big Brothers & Sisters service for my child. I give the agency my consent to assign a volunteer Big Brother, Big Sister or Big Couple to my child and I will cooperate with the agency and the volunteer to make this a positive experience for my child. I will not hold the agency liable in case of accident or injury that may result while my child is involved in the program.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____

