



Big Brothers Big Sisters of Canada
Les Grands Frères Grandes Sœurs du Canada

Little Brother Little Sister Application

Child's Name _____

Date of Birth _____ Age _____ Place of Birth _____

Address _____

Postal Code _____

Home Phone _____ E-mail _____

Languages Spoken _____

Child's Doctor _____ Phone _____

Health Card # _____

Emergency Contact _____ Phone _____

Relationship to Child _____

Parent/Guardian

Parent/Guardian Name: _____

If Guardian, please note relationship to child: _____

Date of Birth: _____

Marital Status: _____

Are you employed? (can we call you at work? Yes No)

Where? _____ Work Phone _____ x _____

Are you unemployed?

EI? Social Assistance? Disability?

Other _____

Are you a student? Where? _____ Phone _____ x _____



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Are you or your child involved with any other community agency? Yes No

Agency Name: _____ Phone: _____

Staff: _____

Other Parent

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Relationship with Child: _____

What type of relationship does your child have with the other parent?

If you are a single parent with custody, what are the visiting rights of the other parent? Does he/she use these rights? What are the access arrangements?

What are your child's reactions to those visits? _____

How are you with those visits? _____

Please describe the kinds of activities they do together. _____



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In your view, does your child have a close relationship with the other parent? ____

Is the other parent aware of your application for the program? yes no

If yes, what is his/her attitude? If no, why not?

Other parent's marital status _____

Family History/Situation

Other people at home (please include age, gender, relationship) (including children)

Name	Age	Gender	Relationship

How long has your child lived in your current home? _____

Has your child ever lived outside of your home? Yes No
(If so, please provide details)

Does anything prevent your child from fully participating in the program? Yes No

Please explain:



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Medical History

Does your child have any medical problems, conditions or allergies?

Yes

No

If yes, please explain:

Is your child on any medication? Yes

No

If yes, please explain:

Has your child ever seen or is your child now seeing a psychologist, social worker, therapist, counsellor etc? Yes No

If yes, please explain (include approximate dates, contact information of worker):

How physically fit is your child? _____

Do you think your child has any emotional difficulties? Yes

No

If yes, please explain: _____

Relationships

How would you describe your relationship with your child?

If other children are in the home, how does your child relate to them?



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Does your child tend to have many or just a few friends?
Are they mostly boys, girls, or both?

Comments:

As far as you know, how does your child get along well with peers at school?

Does your child tend to play alone or with others? _____

Please describe your child's personality (moods, temper, maturity level)

Please check the qualities that you feel best describe your child:

Friendly Outgoing Shy Withdrawn
 Lonely Carefree Busy Overactive

How do you discipline your child? _____

School

School: _____

Address: _____

Phone: _____

Grade: _____ Teacher: _____

Does your child seem interested in school? Yes No

Has your child ever been involved in a special education program?

Yes No If yes, please comment:



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Has your child ever failed a grade? Yes No

If yes, which one(s)? _____

How does your child generally get along with the teacher? _____

How is your child doing in school? _____

Do you think your child is doing as well as he/she can in school?

Yes No

If no, please explain: _____

Does your child get in trouble at school? Yes No

If yes, is it often? occasionally? seldom?

Social Activities

Is your child interested or active in sports, church, group activities?

Yes No

If yes, please list:

Please indicate what hobbies, if any, your child currently enjoys.

Briefly describe your child's weekly schedule of activities.

About a Big Brother Big Sister

Is your child aware of your application for a Big Brother Big Sister?

Yes No

If yes, what was the reaction?



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How do you feel your child would benefit most from a Big Brother or Big Sister?

Describe the type of Big Brother Big Sister you would like for your child

What types of activities do you think your child would like to do with a Big Brother Big Sister?

Is there any information you would like to add to this application that will help us to serve your child's needs better?

Confidentiality

Just as we have to share information with you about the Big Brother Big Sister we select for your child, we need to share information with the volunteer about you and your child. Is there anything here that you do not want shared with a volunteer? Yes No

If yes, please clearly state what you do not want shared:

Your Name

Your Signature

Date

The answers you have given will help us to do our best for your child. Please be sure to advise us of any changes in your home situation, such as address changes, relationship changes, etc.