



Little Application
(to be completed by the parent/guardian)

Child's Name _____

Date of Birth _____

Civic Address _____

Postal Code _____

Mailing Address (if different from civic) _____

Postal Code _____

Home Phone _____ Mobile Phone _____

E-mail _____

Languages Spoken _____

Health Card # _____

Emergency Contact _____

Home Phone: _____ Work Phone: _____

Relationship to Child _____

Parent/Guardian

Parent/Guardian Name: _____

Please note relationship to child: _____

Date of Birth: _____

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 _____

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

Agency Name: _____ Phone: _____

Other Parent/Guardian

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Relationship with Child: _____

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?

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

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

Family History/Situation

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

Please explain: _____

School

School: _____

Address: _____

Phone: _____

Grade: _____ Teacher: _____

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?

Confidentiality

Just as we have to share information with you about the Mentor 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.



Informed Consent (Community-Based) - Parent

I hereby make formal application to Big Brothers Big Sisters of South Shore to make available their service to my child. It is my understanding that the intention of the Agency is to match a responsible male/female adult, (minimum 18 years old, however, where appropriate supervision takes place, the volunteer may be younger), with my child for the purposes of shared activities, friendship and support. I understand that all efforts will be made to select a Mentor who is compatible with my child.

In consideration for this service and other valuable consideration provided to my child by Big Brothers Big Sisters of South Shore, I release the agency of all responsibilities and liabilities in connection to their services provided in good faith, to myself or my child. I permit the agency to release any relevant information, including my personal information, to Big Brothers Big Sisters of Canada and their insurers, as may be appropriate in connection with any legal proceeding, inquiry or risk thereof.

I consent to Big Brothers Big Sisters of South Shore contacting any referring professionals involved with my family to obtain information for the purpose of assessing my application for a Mentor.

I further agree that all or part of the information herein may be shared, at the discretion of Big Brothers Big Sisters of South Shore, with my child's Mentor, and/or with the referring professional, so that my child's needs in a Mentoring relationship may be best met. I understand that the collection of personal information about me or my child will be held in strict confidence and is to be used solely for the purposes of administering the program.

I understand that I am under no obligation to accept a Mentor for my child, that the Agency is under no obligation to provide my child with a Mentor and that this application is the property of Big Brothers Big Sisters of South Shore. I also agree that I and my child will participate in the Pre- Match Training Program administered by Big Brothers Big Sisters of South Shore.

I HAVE READ AND UNDERSTAND THIS AGREEMENT. BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT:

I, _____, the parent/guardian of _____ hereby request Big Brothers Big Sisters service for my child. I give the agency my consent to assign a Mentor to my child. I am aware of and understand the risks, dangers and hazards associated with the above service and agree such service is suitable for my child.

Signed at _____ this _____ day of _____, 20_____.

Parent/Guardian

Note: Release to share information with other professionals will expire within one year of the above date.