

**BIG BROTHERS BIG SISTERS OF COLCHESTER  
26 LOGAN STREET  
TRURO, NOVA SCOTIA  
B2N 3Z3**

**PHONE: 895-4562 - FAX: 895-2169**

**LITTLE BROTHERS & LITTLE SISTERS  
APPLICATION FORM**

**COMPLETED BY CHILD'S PARENT/GUARDIAN - PLEASE PRINT CLEARLY**

<b>PERSONAL INFORMATION:</b>	<b>ADDRESS:</b>	<b>SCHOOL INFORMATION:</b>
CHILD'S NAME: _____	ADDRESS: _____	SCHOOL: _____
BIRTHDATE: (DD/MM/YY): _____	CITY: _____	TEACHER: _____
CURRENT AGE: _____	POSTAL CODE: _____	GRADE: _____
HEALTH CARD #: _____	PHONE #: _____	LANGUAGES SPOKEN: _____
FAMILY PHYSICIAN: _____		

<b>REFERRING PARENT/GUARDIAN:</b>	<b>ABSENT PARENT:</b>
NAME: _____	NAME: _____
OCCUPATION: _____	ADDRESS: _____
EMPLOYER: _____	CITY: _____ PROVINCE: _____ POSTAL CODE: _____
WORK #: _____ HOME #: _____	DAY PHONE: _____ CELL: _____ WORK: _____
CELL #: _____ E-MAIL: _____	E-MAIL ADDRESS: _____
PRESENT MARITAL STATUS: _____	PRESENT MARITAL STATUS: _____
RECEIVING ASSISTANCE: _____ CHILD SUPPORT: _____	

<b>ALTERNATIVE CONTACT IF REFERRING PARENT IS NOT AVAILABLE:</b>
NAME: HOME/WORK/CELL PHONES: _____
E-MAIL: _____ 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:

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

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: \_\_\_\_\_**

<b>FOR OFFICE US:</b>
SENT: _____
RECEIVED: _____
ACCEPTED: _____
MATCH: _____
CLOSURE: _____
REASON: _____
CSWR: _____