



Big Brothers Big Sisters of Cambridge

Dear Parent / Guardian:

Thank you for your interest in Big Brothers Big Sisters of Cambridge. Listed below are the initial stages of the application process. Please note that children must be between the ages of 6 –16.

- Attend a mandatory **information session**. This can be scheduled to suit your availability. (Approx. length: 1 hour)
- Complete and sign the **Little Brother/Little Sister application form** and return it to the office. Please include a recent photo of your child, as we require one in their file.
- Complete a **family assessment** at our office followed by a **home visit**, by a Mentoring Coordinator. An assessment will be done with your child at the time of the home visit.

Thank you for your cooperation.

Julie Phillips
Executive Director



Big Brothers Big Sisters of Cambridge

Little Brother / Little Sister Application Form

(Please use a separate form for each child)

CHILD'S INFORMATION:

Full Name: _____

Date of Birth / / Gender: _____
DD MM YY

School: _____ Grade: _____

PARENT / GUARDIAN (WITH LEGAL CUSTODY):

Full Name: _____

Relationship to Child: _____

Address: _____ Apt #: _____

City: _____ Postal: _____

Home #: (____) _____

MEDICAL INFORMATION: (REQUIRED)

Health Card #: _____

Name on Health Card: _____

Doctor's Name: _____

Doctor's Phone #: (____) _____

Business #: (____) _____ Ext: _____

Cell #: (____) _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

MEDICAL HISTORY:

If your child has had any of the following, please all that apply:

- | | | | |
|------------------------------------|---|--|--|
| <input type="radio"/> Chicken Pox | <input type="radio"/> Frequent Nosebleeds | <input type="radio"/> Visual Impairment | <input type="radio"/> Bee Stings |
| <input type="radio"/> Tonsillitis | <input type="radio"/> Heart Condition | <input type="radio"/> Hearing Impairment | <input type="radio"/> Penicillin |
| <input type="radio"/> Hepatitis | <input type="radio"/> Diabetes | <input type="radio"/> ADD / ADHD | <input type="radio"/> Other: _____ |
| <input type="radio"/> HIV / AIDS | <input type="radio"/> Epilepsy | <input type="radio"/> OCD | _____ |
| <input type="radio"/> Hernia | <input type="radio"/> Asthma | <input type="radio"/> Tourettes | EpiPen Required <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Other: _____ | | | |

Additional Information about special conditions, dietary restrictions, etc.: _____

MEDICAL AUTHORIZATION:

I, hereby, give my permission to hospital and/or clinic staff to administer all reasonable and necessary medical care in case of injury or illness to my child, _____, while in the care of his/her Big Brother/Big Sister, and/or agency staff member of Big Brothers Big Sisters of Cambridge in the event that I cannot be reached by telephone.

Signature of Parent / Guardian

Date

Witness

Do you own a car? Yes No

Have you had any prior involvement
With Big Brothers Big Sisters? Yes No

If so, with which agency? _____

How did you hear about this program?

- TV Radio Newspaper
 Billboard Friend / Relative Website
 Other _____ Always Known

What do you hope our services can provide for you and your child? _____

PARENT / GUARDIAN INFORMATION:

MARRITAL STATUS:

- Single Divorced Separated
 Married Widowed Common-law

Name of Employer / School: _____

Occupation / Field of Study: _____

Address: _____

How long with present employer? _____

May you be telephoned at work? Yes No

(If applicable) **How long have you been supporting
your child alone?** _____

SPOUSAL INFORMATION (IF APPLICABLE):

Full Name: _____

Relationship to Child: _____

Name of Employer / School: _____

Occupation / Field of Study: _____

Employment Address: _____

How long with present employer? _____

May they be telephoned at work? Yes No

Business #: (_____) _____ Ext: ____

Cell #: (_____) _____

Email: _____

NON-CUSTODIAL PARENT INFORMATION (IF APPLICABLE):

Full Name: _____

Relationship to Child: _____

Address: _____ Apt #: _____

City: _____ Postal: _____

Home #: (_____) _____

Business #: (_____) _____ Ext: ____

LEVEL OF INVOLVEMENT:

- Joint Custody Visitation Rights
 Uninvolved Other: _____

Are custody issues currently being reviewed before
the court? Yes No

Is the non-custodial parent aware of your application
with this agency? Yes No

Which of the following best describes your child? Please all that apply:

- | | | | |
|---|--|--|--|
| <input type="radio"/> Quiet | <input type="radio"/> Moody | <input type="radio"/> Confident | <input type="radio"/> Relies on Others |
| <input type="radio"/> Shy | <input type="radio"/> Loud | <input type="radio"/> Easy Going | <input type="radio"/> Insecure |
| <input type="radio"/> Independent | <input type="radio"/> Cooperative | <input type="radio"/> Prefers to be Alone | <input type="radio"/> Tends to Lead |
| <input type="radio"/> Speaks out when Upset | <input type="radio"/> Prefers to be Active | <input type="radio"/> Tall for Age | <input type="radio"/> Aggressive |
| <input type="radio"/> Enjoys Group Activities | <input type="radio"/> Tends to Follow | <input type="radio"/> Keeps to Self when Upset | <input type="radio"/> Prefers Quiet Activities |
| <input type="radio"/> Accepts Direction | <input type="radio"/> Happy | <input type="radio"/> Sensitive to Others | <input type="radio"/> Small for Age |

Please list your child's hobbies and interests: _____

Please identify any specific needs of your child: _____

Please list your child's dislikes: _____

Please list all adults and other children living in your household, their birth dates, and relationship to your child, if any.

Name	Birth Date	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This is a recent photo of my child. Yes No

I have answered all questions on this application to the best of my ability. I acknowledge and accept that this application does not guarantee my child's acceptance into the program.

Name Printed: _____

Signature: _____

Date: _____

