

APPLICATION FOR SERVICE

If you have any questions while completing this application, please contact us

Child's Name: _____
First Middle Last

Birthdate: ____/____/____ Gender: _____
dd mm yyyy

Address: _____
Apt/Unit Street Name City/Town Postal Code

Are there plans to move? _____ If yes, when? _____

Email Address: _____

Parent/Caregiver's Name: _____

Relationship to Child: _____

Telephone: Residence: _____ Cell: _____

If employed, business name and address:

Business Telephone: _____ May we call you at work? Yes No

Emergency Contact

Name: _____
Emergency Contact Telephone - Residence: _____
Cell: _____ Work: _____

Why do you want your child to be involved in our mentoring programs?

Have you ever been involved with a Big Brothers Big Sisters Agency? _____

Please describe child's personality, strengths and behaviour.

Child's School: _____ Present Grade: _____ Teacher's Name: _____

What activities does child like doing outside school? _____

Is child involved in any organized extracurricular activities (e.g. scouts, sports teams, etc.)? If yes, which?

How did you hear about Big Brothers Big Sisters? (name of worker, teacher, counsellor would be helpful)

Please list all members of household:

Name	Relationship to child	Age	Occupation or School	If child, also applying?
1. _____				<input type="checkbox"/>
2. _____				<input type="checkbox"/>
3. _____				<input type="checkbox"/>
4. _____				<input type="checkbox"/>
5. _____				<input type="checkbox"/>
6. _____				<input type="checkbox"/>

Are there any other significant adults in the child's life (frequency of contact, supportive of the family?)

Information about other parent:

Name	Address and Phone Number (if known)	Present Marital Status
What custody arrangements exist (sole, joint, shared, etc.)? _____		
What visitation arrangements exist (if any)? _____		
When did child last see the other parent (if applicable)? _____		
Will the other parent support Agency involvement? _____		

What is the child's general state of health? _____

Does child have any limitations that will affect participation in our mentoring programs? _____

Does child have allergies? _____ If yes, please list: _____

Is child taking any prescribed medications? _____

If yes, please describe fully: _____

Who is child's doctor? _____ Phone _____

What is child's Ontario Health Card Number? _____

Has the child or family received any help from other agencies, schools, psychiatrists, psychologists, social workers, etc? If so, please list below: (i.e. who, where and when)

Application Process

- ✓ Complete application and return to office by fax, mail or in person.
- ✓ Agency will call upon receipt of application.
- ✓ As space in our programs becomes available, the Agency will contact you for an Orientation, Family and Child Interview to confirm eligibility for service.

If you have any questions or concerns, please contact us at 905-457-7288 ext. 265

Eligibility Checklist

As a mentoring organization, Big Brothers Big Sisters of Peel provides a number of mentoring programs where screened volunteers are matched with children in a one-to-one relationship or in a group mentoring program. Our volunteers are dedicated adult (18+) members of the community who share their time and caring with children. While they do receive program specific child-safety training facilitated by program staff, they do not have professional training in managing challenging behaviour or supporting children with special needs.

- I understand that the Agency is under no obligation to provide my child with a Mentor
- I understand that all applicants must be between the ages of 6-17. Young people over the age of 15 will generally receive group service.
- I understand that the time between application and program involvement could be between 6-12 months
- I understand that if I do not have sole custody, consent from the other parent will be needed
- I understand that the Agency may ask to contact any professionals or agencies involved with the child
- My child agrees to be involved with Big Brothers Big Sisters of Peel
- My child does not have any presenting behaviours that could potentially put themselves or a volunteer at risk of harm
- My child will be able to understand child safety messages delivered during the Pre-Match Training
- My child is able to form a two-way relationship with a volunteer that is positive, healthy and respects boundaries
- My child is able to communicate verbally and manage self-care independently
- My child can function independently in a group program (initial programs within BBBSP are offered in a group format)

Signature of Parent(s)/Caregiver(s)

Date: _____

Date: _____