



PLEASE ATTACH PERSONAL
PHOTOGRAPH HERE
(REQUIRED)

LITTLE SISTER APPLICATION

(Please print or type)

CHILD'S NAME _____ PHONE _____
Last First Middle

HOME ADDRESS _____ CITY _____ ZIP _____

AREA OF COUNTY / COMMUNITY (CLAIREMONT, PACIFIC BEACH, ETC.) _____

AGE _____ BIRTHDATE _____ BIRTHPLACE _____ GRADE _____

SCHOOL _____ RELIGION _____ RACE _____

HAS YOUR CHILD EVER BEEN INVOLVED IN THE BIG SISTER PROGRAM? _____
(IF YES, PLEASE GIVE NAME AND YEARS)

PARENT/GUARDIAN INFORMATION

NAME _____ BIRTHDATE _____ AGE _____
Last First Middle

RELATION TO CHILD _____

BUSINESS NAME _____

BUSINESS PHONE _____ OCCUPATION _____

WHAT HOURS DO YOU WORK? _____ OK TO CALL YOU AT WORK? _____

BEST TIME TO CALL _____ DO YOU HAVE ACCESS TO A CAR _____

EDUCATION _____

HOW LONG DO YOU ANTICIPATE STAYING IN SAN DIEGO COUNTY? _____

WHAT CHANGES IN JOB, FAMILY OR ADDRESSES DO YOU ANTICIPATE IN THE NEXT YEAR?

PLEASE DESCRIBE YOUR CHILD'S PERSONALITY AND BEHAVIOR.

DESCRIBE HER PRESENT HEALTH CONDITION. DOES SHE HAVE OR HAS SHE HAD ANY MAJOR ILLNESS OR INJURY?

WHAT ARE HER FAVORITE SUBJECTS IN SCHOOL? HOW ARE HER GRADES AND BEHAVIOR AT SCHOOL?

PLEASE NOTE ANY CLUBS OR GROUPS THAT SHE ATTENDS AND HOW OFTEN.

DESCRIBE ANY SPECIAL PROBLEMS YOUR CHILD MAY BE HAVING WITH FAMILY, FRIENDS, OR BEHAVIOR IN GENERAL.

WHAT ARE YOUR CHILD'S FAVORITE "FREE TIME" ACTIVITIES? _____

MARITAL HISTORY

NAME OF SPOUSE	DATE OF MARRIAGE OR LIVED TOGETHER	# OF CHILDREN	HOW TERMINATED WHEN TERMINATED
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FAMILY INCOME

PARENT/GUARDIAN MONTHLY SALARY _____

ABSENT PARENT'S MONTHLY SUPPORT _____

OTHER SOURCES OF INCOME _____

INFORMATION ABOUT ABSENT PARENT (if applicable)

NAME _____ BIRTHDATE _____ AGE _____

ADDRESS _____ CITY _____ ZIP _____

IF DECEASED, DATE _____ EDUCATION _____

OCCUPATION _____

PRESENT NAME AND ADDRESS
OF EMPLOYER _____

RELIGION _____ PRESENT MARITAL STATUS _____

DOES CHILD HAVE CONTACT WITH ABSENT PARENT _____ YES _____ NO

IF YES, HOW FREQUENTLY _____

WHEN DID CHILD LAST SEE ABSENT PARENT _____

HAVE YOU SPOKEN TO ABSENT PARENT ABOUT BIG SISTER PROGRAM? YES NO

IF YES, WHAT WAS HIS/HER REACTION?

HAVE YOU TOLD YOUR CHILD ABOUT THE POSSIBILITY OF A BIG SISTER? YES NO

HOW DOES SHE REACT? _____

LIST ALL MEMBERS OF THE HOUSEHOLD

NAME RELATIONSHIP TO CHILD AGE OCCUPATION/SCHOOL

LIST OTHER SIGNIFICANT ADULTS WHO ARE IN REGULAR CONTACT WITH CHILD

NAME RELATIONSHIP TO CHILD AGE WHERE LIVING

PLEASE LIST PROFESSIONAL PEOPLE WITH WHOM YOU OR YOUR CHILD HAS HAD CONTACT. LIST ANY PSYCHIATRIST, PSYCHOLOGIST, SOCIAL WORKERS, ETC. PLEASE MENTION IN WHAT CAPACITY AND THE MAIN REASON FOR HELP.

<u>AGENCY</u>	<u>PROFESSIONAL'S NAME</u>	<u>PHONE NUMBER</u>	<u>LAST CONTACT</u>
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1. _____

REASON: _____

2. _____

REASON: _____

3. _____

REASON: _____

4. _____

REASON: _____

HOW DO YOU HOPE THE BIG SISTER SERVICE CAN HELP YOUR CHILD? _____

HOW DID YOU HEAR OF THE BIG SISTER LEAGUE? (If you were referred by an agency, psychologist, etc., please give name, phone number and address)

I certify the above information is accurate and no information has been intentionally deleted. I also understand that the Big Sister League, Inc. is under no obligation to match my daughter to a volunteer.

PARENT / GUARDIAN SIGNATURE: _____

DATE: _____

PLEASE MAIL COMPLETED APPLICATION TO: MENTOR PROGRAM DIRECTOR, BIG SISTER LEAGUE OF SAN DIEGO, INC. 115 REDWOOD ST., SAN DIEGO, CA 92103

IF YOU HAVE FURTHER QUESTIONS, PLEASE CALL BIG SISTER LEAGUE, INC., AT (619) 297-1135