



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.

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

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

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

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

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

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**MARITAL HISTORY**

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

**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?

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

HOW DOES SHE REACT? \_\_\_\_\_

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**LIST ALL MEMBERS OF THE HOUSEHOLD**

**NAME                      RELATIONSHIP TO CHILD                      AGE                      OCCUPATION/SCHOOL**

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**LIST OTHER SIGNIFICANT ADULTS WHO ARE IN REGULAR CONTACT WITH CHILD**

**NAME                      RELATIONSHIP TO CHILD                      AGE                      WHERE LIVING**

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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)

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**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