

The



Program

APPLICATION TO BECOME A SIDEKICKS CLIENT

Date: _____
Month / Day/ Year

Name of Parent(s): _____

Present Status: Married/Partnered Single Separated Divorced Widowed

How long: _____

<u>Name(s) of Child(ren): (to be involved in Sidekicks)</u>	<u>Date of Birth</u>

Phone: _____ Fax: _____ Email: _____

Address: _____ City: _____ PC: _____

Length of time at present address: _____ Length of time in St. Albert: _____

1st Parent

Occupation:	Employer's Name:
Employer's Address:	Phone:
Hours of Work:	OK to phone:

2nd Parent

Occupation:	Employer's Name:
Employer's Address:	Phone:
Hours of Work:	OK to phone:

☺ Is there anyone else living in the home? If so who? _____

☺ Are there any other agencies involved with the family? _____

☺ How did you hear about the Sidekicks Mentoring Program? _____

☺ What do you expect the role of a Sidekicks Mentor to be? _____

☺ What motivated you to apply as a client of the Sidekicks Mentoring Program? _____

☺ What are your expectations of being involved in the Sidekicks Mentoring Program? _____

What do you want your family to gain from being in Sidekicks? _____

☺ What do you hope that your child (ren) will gain? _____

I _____ hereby authorize verification of all statements herein and release the Sidekicks Mentoring Program and all others from liability in connection with the same.

I give permission for the staff and volunteers of the Sidekicks Mentoring Program to transport my child (ren) to and from activities connected to the program.

I do / I do not (please circle one) give the Sidekicks Mentoring program permission to display photos of my child and/or I for community awareness.

I have read and understand my responsibilities and my child's responsibilities as a Sidekicks Member.

Signature: _____ Date: _____
