



**CONFIDENTIAL
LITTLE SISTER APPLICATION**
(Please print or type)

Please attach personal
photograph here
(required)

Child's Name: _____ Email: _____

Primary Phone #: _____ Secondary Phone #: _____

Home Address: _____

City: _____ Zip: _____

Neighborhood in San Diego: _____ (ie: North Park, Lemon Grove, etc.)

Age: _____ Date of birth: _____ School: _____

Grade: _____ Ethnicity: _____ Religion: _____

Language(s) spoken at home: _____

PARENT/GUARDIAN INFORMATION

Parent's Name: _____ Email: _____

Primary Phone #: _____ Secondary Phone #: _____

Occupation: _____ What hours do you work?: _____

Work/Business Name: _____ OK to call at work?: _____

Best time to call: _____ Level of education: _____

How long do you plan to stay in San Diego County? _____

What changes in job, family, or location do you anticipate in the coming year? _____

FAMILY INCOME

Parent/Guardian monthly salary: _____

Monthly Child Support (if applicable): _____

Other sources of income: _____ Monthly amount: _____

FAMILY HISTORY

Name of Child's Biological Parents: _____

Status of Partnership (married, live together, separated) _____

If separated/divorced, date of separation: _____ # of Children: _____

INFORMATION ABOUT ABSENT PARENT (IF APPLICABLE)

Parent's Name: _____ Email: _____

Primary Phone #: _____ Secondary Phone #: _____

Address: _____ City: _____ Zip: _____

Occupation: _____ Work/Business Name: _____

Level of education: _____ Present Marital Status: _____

How often does child have contact with parent? _____

When did child last see parent? _____

What was parent's reaction about Girls Rising? _____

MEMBERS OF THE HOUSEHOLD

Name	Relationship to Child	Age	Occupation/School

OTHER SIGNIFICANT ADULTS IN CHILD'S LIFE

Name	Relationship to Child	Age	Where living?

INFORMATION SHEET

1. Please describe the BEST things others enjoy about her:

2. Describe child's current physical and mental/ emotional health:

3. Describe child's school activities. How are her grades and behavior in school?

4. Please list any other groups she is a part of (church, clubs, sports, etc.):

5. Please describe child's relationship with family members or behavior in general:

6. What are her favorite free time activities?

7. Why would she benefit from having a Big Sister Mentor?

8. What is her reaction to being considered for this program?

RELEASE OF INFORMATION

In order to help Girls Rising find a quality match with a volunteer mentor for your child, please list other professionals who have worked with, or are currently providing services to your child.

List any psychiatrist, psychologist, social worker, therapist, counselor, etc.

I understand that my authorization is voluntary and that I do not need to provide information about other providers. By providing information below, I authorize Girls Rising to receive and release verbal and written communication to/from the following agencies and providers regarding pertinent information in respect to establishing and maintaining a match with a volunteer mentor. I understand that all communication between agencies remains confidential. I understand that this release is valid as of the signed date, and expires when the match with a volunteer mentor has officially terminated. I have the right to revoke this authorization at any time.

Child's Name: _____ **Date of Birth:** _____

Referring Agency	Name of Professional	Phone #

Other Agencies	Name of Professional	Phone #

I understand that participation in this program is voluntary for each child. I have consulted with my child prior to completing this application. I certify the above information is accurate to the best of my knowledge. I understand that the information provided in this application will aid Girls Rising to establish a match with a volunteer mentor. I also understand that the Girls Rising is under no obligation to match my child with a mentor.

Parent Signature: _____ **Date:** _____

Please mail completed application to:

**Girls Rising
PO Box 161218
San Diego, CA 92176**

You will receive a phone call when application is received. If you have any questions, please contact us at 760-207-9430 or by email at mleyva@girlsrising.org