



CONFIDENTIAL

LITTLE SISTER APPLICATION

Thank you for your interest in the Girls Rising Mentor Program.
Please complete the application to the best of your ability.

We look forward to serving you and your family.

CONTACT INFORMATION

WHO MAY WE CONTACT ABOUT THIS APPLICATION? _____

RELATIONSHIP TO CHILD: _____

PHONE NUMBER(S): _____

EMAIL ADDRESS: _____

CHILD'S INFORMATION

CHILD'S NAME: _____ AGE: _____ DATE OF BIRTH: _____

LANGUAGE(S) SPOKEN AT HOME: _____ RACE: _____

SCHOOL NAME: _____ GRADE: _____

CHILD'S PHYSICAL AND MENTAL HEALTH HISTORY

ALLERGIES: _____

DIAGNOSES (PHYSICAL AND MENTAL HEALTH): _____

ADDITIONAL MEDICAL CONDITIONS OR CONCERNS: _____

PRESCRIBED MEDICATIONS: _____

IS THERE ANYTHING ELSE WE SHOULD KNOW (I.E. history of trauma, history of abuse, learning challenges, language difficulties, etc)?:

Please describe the child's best qualities:

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

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

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

What are her favorite free time activities?

Why would she benefit from having a Big Sister / Mentor?

What is her reaction to being considered for this program?

HOUSEHOLD INFORMATION

HOME ADDRESS: _____

CITY: _____ ZIP CODE: _____

NEIGHBORHOOD (I.E. North Park, Barrio Logan, Downtown, etc.): _____

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? _____

HOUSEHOLD INCOME (FROM EMPLOYMENT): \$ _____ per month

ADDITIONAL SOURCE OF INCOME: (type) _____ \$ _____ per month

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ADDITIONAL SOURCE OF INCOME: (type) _____ \$ _____ per month

MEMBERS OF THE HOUSEHOLD

1. NAME: _____ RELATIONSHIP TO CHILD: _____

AGE: _____ OCCUPATION/SCHOOL: _____

2. NAME: _____ RELATIONSHIP TO CHILD: _____

AGE: _____ OCCUPATION/SCHOOL: _____

3. NAME: _____ RELATIONSHIP TO CHILD: _____

AGE: _____ OCCUPATION/SCHOOL: _____

4. NAME: _____ RELATIONSHIP TO CHILD: _____

AGE: _____ OCCUPATION/SCHOOL: _____

5. NAME: _____ RELATIONSHIP TO CHILD: _____

AGE: _____ OCCUPATION/SCHOOL: _____

6. NAME: _____ RELATIONSHIP TO CHILD: _____

AGE: _____ OCCUPATION/SCHOOL: _____

PARENT(S) / GUARDIAN(S) INFORMATION

NAME: _____	BIOLOGICAL PARENT: YES NO
IF NO, PLEASE EXPLAIN: _____ _____	
PHONE NUMBER: _____	EMAIL ADDRESS: _____
OCCUPATION: _____	# OF HOURS WORKED PER WEEK: _____
HIGHEST LEVEL OF EDUCATION: _____	

NAME: _____	BIOLOGICAL PARENT: YES NO
IF NO, PLEASE EXPLAIN: _____ _____	
PHONE NUMBER: _____	EMAIL ADDRESS: _____
OCCUPATION: _____	# OF HOURS WORKED PER WEEK: _____
HIGHEST LEVEL OF EDUCATION: _____	

NAME: _____	
PHONE NUMBER: _____	EMAIL ADDRESS: _____
OCCUPATION: _____	# OF HOURS WORKED PER WEEK: _____
HIGHEST LEVEL OF EDUCATION: _____	

NAME: _____	
PHONE NUMBER: _____	EMAIL ADDRESS: _____
OCCUPATION: _____	# OF HOURS WORKED PER WEEK: _____
HIGHEST LEVEL OF EDUCATION: _____	

ABSENT PARENT INFORMATION (IF APPLICABLE)

NAME: _____	BIOLOGICAL PARENT:	YES	NO
HOW OFTEN DOES CHILD HAVE CONTACT WITH PARENT? _____			
WHEN DID CHILD LAST SEE PARENT? _____			
HIGHEST LEVEL OF EDUCATION: _____		OCCUPATION: _____	
CONTACT INFORMATION (IF KNOWN)			
PHONE NUMBER: _____		EMAIL ADDRESS: _____	
ADDRESS: _____			

NAME: _____	BIOLOGICAL PARENT:	YES	NO
HOW OFTEN DOES CHILD HAVE CONTACT WITH PARENT? _____			
WHEN DID CHILD LAST SEE PARENT? _____			
HIGHEST LEVEL OF EDUCATION: _____		OCCUPATION: _____	
CONTACT INFORMATION (IF KNOWN)			
PHONE NUMBER: _____		EMAIL ADDRESS: _____	
ADDRESS: _____			

IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT THE CHILD AND HER FAMILY?
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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 NUMBER:** _____

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 / GUARDIAN SIGNATURE: _____ **DATE:** _____

COMPLETED APPLICATION MAY BE MAILED TO:

Girls Rising
ATTN: LITTLE SISTER APPLICATIONS
PO Box 161218
San Diego, CA 92176

COMPLETED APPLICATION MAY BE EMAILED TO:

Monette Leyva, Program Manager
mleyva@girlsrising.org

TO CHECK ON APPLICATION STATUS PLEASE CONTACT:

Monette Leyva, Program Manager
mleyva@girlsrising.org
760-207-9430