



## **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):</u>	<u>Date of Birth</u>

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ PC: \_\_\_\_\_

Length of time at present address: \_\_\_\_\_ Length of time in St. Albert: \_\_\_\_\_

### **1<sup>st</sup> 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: \_\_\_\_\_

\_\_\_\_\_