

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: \_\_\_\_\_

**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? \_\_\_\_\_

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☺ Are there any other agencies involved with the family?

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☺ How did you hear about the Sidekicks Mentoring Program? \_\_\_\_\_

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

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

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

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

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

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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: \_\_\_\_\_

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