

**Fairy Godmother Application Form**

*Application Forms are due Friday June 11, 2010*

**Contact Information**

Name: \_\_\_\_\_

Application Date: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Can you be contacted at work (yes) (no)

Best time to call: (home) \_\_\_\_\_ (work) \_\_\_\_\_

In case of emergency who do we contact and what is your relationship to them?

\_\_\_\_\_

**Personal Information**

Birth date: \_\_\_\_\_

Marital Status: (Single) (Married) (Common Law) (Separated) (Divorced) (Widowed)

Do you have any children? (Yes) (No)

How many boys? \_\_\_\_\_ Ages? \_\_\_\_\_ How many girls? \_\_\_\_\_ Ages \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Length of time at address: \_\_\_\_\_

How long have you lived in Saskatoon? \_\_\_\_\_

Do you anticipate moving away from Saskatoon within the next year? (Yes) (No)

Do you anticipate any changes in your life in the next year that may impact your match or your ability to commit to the program? (ex. Marital status, living arrangements, employment, children etc.)  
(Yes) (No)

If so please specify:

\_\_\_\_\_  
\_\_\_\_\_

**Employment Information**

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Length of time at present employment: \_\_\_\_\_

Does your work take you out of town for extended periods of time? (Yes) (No)

## Background Information

1. Do you have any allergies? (Yes) (No)

If yes, to what? \_\_\_\_\_

2. Do you have any dietary restrictions? (Yes) (No)

If yes, what are they? \_\_\_\_\_

3. Are you taking any medications? (Yes) (No)

If yes, please explain \_\_\_\_\_

4. Which of the following events, if any, has occurred in your immediate family during the past 12 months?

	Yes	No
a. Income decreased substantially		
b. death of immediate family member		
c. Alcohol or drug problems		
d. serious money problems		
e. Divorce		
f. Separation		
g. Pregnancy		
h. Birth of Child		
i. Chronic Illness or Disability		

5. Have you ever been charged or convicted of a crime? (Yes) (No)

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

6. Have charges of sexual abuse or physical abuse or neglect of a minor or of a vulnerable adult been founded or substantiated on you? (Yes) (No)

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

7. Have you been treated for alcohol or chemical abuse? (Yes) (No)

If yes, please state length of sobriety: \_\_\_\_\_

8. Do you smoke? (Yes) (No)

Would you consider being matched with a Princess Graduate who smokes?

(Yes) (No)

9. What do you consider to be the major areas of concern in your life at this time?

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How do you deal with these stresses?

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10. Is there any family history of chemical dependency/alcoholism, physical, sexual, or emotional abuse; or any mental health problems? (Yes) (No)

If yes, please describe:

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11. Do you have a learning disability? (Yes) (No)

If yes, what is it? \_\_\_\_\_

12. What people, if any, are currently assisting you in coping with issues you described in questions 9-11.

**Name:**

**Relationship/Capacity:**

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## Additional Information

1. Why do you want to become a Fairy Godmother?

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2. What aspects of the Fairy Godmother program interest you the most?

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3. How did you hear about this program?

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4. Please list any clubs or organizations of which you are a member

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5. Have you served as a volunteer in the past five years? (Yes) (No)

If so, where did you serve?

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What type of work were you doing as a volunteer?

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6. What do you bring to the program? What experiences and/or gifts would you like to share with your Princesses?

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7. What would you like to gain from the program?

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8. Describe what role religion/spirituality plays in your life. How do you see sharing these beliefs in your match relationship?

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9. With what type of Princess would you like to be matched? (Describe specific attributes you prefer)

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10. What are your concerns or questions about working with a Princess?

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11. What would you like your Princess to know about you?

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12. Activities/interests/hobbies/sports you enjoy:

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13. What would you like to know about your Princess?

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## References

All of the references must have known you for two years. References that can attest to your experience working with youth are beneficial. Each one will be contacted to ask for information regarding your suitability to act as a volunteer mentor.

**Note:** references cannot be your spouse, girlfriend/boyfriend or partner.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email (Required): \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email (Required): \_\_\_\_\_

Telephone: \_\_\_\_\_