



Dear Parent/Guardian:

Thank you for your interest in the Volunteer Grandparents program. To participate in the Volunteer Grandparents program

- **Your child/children must be between the ages of 3 and 14.**
- **The child/children are without the presence of Grandparents.**

The first step towards obtaining a Volunteer Grandparent for your child/children is to fill out the enclosed forms and return them to our office. Please note: 3 reference forms must be submitted with this registration form. Once the application and reference forms have been received, a time will be set up to meet with you to discuss your application, the match process and the family orientation.

The **Child Registration Form** can be completed by you, making sure that you **sign and date** it in the applicable section. **Please attach a recent photo of your child.**

If you have any questions, please do not hesitate to contact me. I'm looking forward to meeting you soon.

Sincerely,

Veronica Grossi
Program Manager
Volunteer Grandparents

• *Bridging and enriching generations since 1973* •

#203- 2101 Holdom Avenue • Burnaby, BC V5B 0A4
Phone 604.736.8271 • Fax 604.294-6814

Family Registration Form

Parent(s)/Guardian(s): _____

Parents Age(s): _____

Child's Name: _____ Birthdate: _____

Gender? _____

Child's Name: _____ Birthdate: _____

Gender? _____

Child's Name: _____ Birthdate: _____

Gender? _____

Address: _____

Postal Code: _____ Phone: _____ E-mail: _____

How long at this address? _____

Previous address and length of time there? _____

Child's Doctor's Name: _____ Phone: _____

Medical Insurance Number: _____

Any medical problems? _____

Allergies: _____

Medications: _____

Parent(s)/Guardian(s) place of work: _____

Phone(s): _____

Present marital status of parent/guardian:

Married _____ years Divorced _____ years Separated _____ years

Spouse deceased _____ years Single _____ year

Currently dating? _____

Where are your child/children's Grandparents? _____

Other children living at home (name, sex and age) _____

Children living away from home (name, sex and age) _____

Social Worker's Name & Phone # (if applicable): _____

Counselor's Name & Phone # (if applicable): _____

Family Support Worker & Phone # (if applicable): _____

Interests and activities of your child/children (i.e. hobbies, sports, clubs): _____

What are your expectations of a Volunteer Grandparent? _____

If accepted into the program, how would your child/children benefit from having a Volunteer Grandparent? _____

Have you talked about a Volunteer Grandparent with your child/children and how do they feel about it? _____

How did you hear about the Volunteer Grandparents Society/Program? _____

Your preference:

Grandmother Grandfather Couple Doesn't Matter

Please make me a Member of Volunteer Grandparents yes no

I would like to receive the newsletter by e-mail yes no

Signature of Parent/Guardian: _____ **Date:** _____

I, _____ give Volunteer Grandparents /VIP permission to pursue the application of my child(ren). I understand the agency is under no obligation to accept or assign the application and is not required to divulge the reasons for this decision. I also acknowledge that the case file is the property of the agency.

Signature of Parent/Guardian

Date



Family References and Release Form

In order to provide the best experience for the volunteer, family and child/children, the Volunteer Grandparent /VIP Program Coordinator will gather a reasonable amount of information to assist with the match. We require three references from individuals who have known you for at least one year and who are not related to you. Your family physician, social worker, counselor and/or a close personal friend can provide references. These references will also be required to complete the attached reference form.

References:

Name: _____ Relationship: _____

Address: _____ City: _____ Province: _____
Apt. # Street Name

Postal Code: _____ Telephone: _____ Email: _____

Name: _____ Relationship: _____

Address: _____ City: _____ Province: _____
Apt. # Street Name

Postal Code: _____ Telephone: _____ Email: _____

Name: _____ Relationship: _____

Address: _____ City: _____ Province: _____
Apt. # Street Name

Postal Code: _____ Telephone: _____ Email: _____

I understand and accept that the above reference information I have provided is treated confidentially and will be used for processing this registration form.

Name (please print): _____

Signature: _____ Date: _____



Thank you for your time and effort in completing this reference. Please **return** to our office by fax: 604-294-6814 or by mail to: Volunteer Grandparents # 203 – 2101 Holdom Ave. Burnaby, BC V5B 0A4

Family Reference Form CONFIDENTIAL

To accompany the Family Registration Form

Dear Referee,

Your name has been provided as a personal reference by the family indicated below. This family would like a Volunteer Grandparent introduced to their child/children. Information provided by you will be held in confidence and assist in the screening and matching process. If you have any questions, do not hesitate to contact the Society at **604-736-8271**. Thank you for your support.

Parent's Name: _____

Child/Children Name: _____

Referee's Name: _____

Referee's Address: _____
Apt. # House Number Street

City Province Postal Code

Telephone: _____ Email: _____

In what capacity do you know this person?

How well? A little Fairly Well Quite Well Exceptionally Well

Please answer the following questions as fully and frankly as possible.

How long have you known the family? _____

Do you think this family would benefit from this type of relationship? Why?

Can you offer any information that could assist the Society in selecting a compatible Grandparent for the child/children?

Signature: _____ Date: _____



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