



FOR OFFICE USE ONLY	
ORIENTATION DATE	_____
DATE APP REC'D	_____
DATE PARENT INTERVIEW	_____
DATE CLEINT INTERVIEW	_____
INTERVIEW BY	_____
ASSIGNED TO	_____

Wilbert E. Burgie Cadet Corps, Inc.

To be completed by the parent or guardian **ONLY**. Please print or type. It is important that all questions are answered completely. All identifiable information is **completely confidential** and only used for agency purposes. Please review agency guidelines on last page of application.

1. CHILD INFORMATION

LAST NAME _____ FIRST NAME _____ DATE OF BIRTH _____
 PLACE OF BIRTH _____ SEX (M/F) _____ RACE _____ RELGION _____
 AGE OF CHILD _____ GRADE CHILD IS IN _____
 HOME PHONE# () _____ - _____ CELL PHONE # () _____ - _____
 STREET ADDRESS _____ APT # _____
 BOROUGH _____ STATE _____ ZIP CODE: _____ E-MAIL _____

2. PARENT/GUARDIAN INFORMATION

PARENT/ GUARDIAN LAST NAME _____ FIRST NAME _____
 HOME PHONE# () _____ - _____ CELL PHONE # () _____ - _____
 STREET ADDRESS _____ APT # _____
 (IF DIFFERENT FROM ABOVE)
 BOROUGH _____ STATE _____ ZIP CODE: _____ E-MAIL _____

3. EMERGENCY CONTACT INFORMATION (OTHER THAN SELF)

NAME _____
 RELATIONSHIP TO CHILD _____
 HOME PHONE# () _____ - _____ CELL PHONE # () _____ - _____
 ADDRESS _____ APT _____
 BOROUGH _____ STATE _____ ZIP CODE _____

4. HEALTH INFORMATION

Does your child have any physical problems or limitations? _____
 Does your child have any special needs? _____
 Have you or your child ever seen a social worker, counselor, therapist, psychologist or psychiatrist? YES _____ NO _____
 If yes, please provide dates and reasons _____

 (If so please fill out attached release form) Does your child take any prescribed medication? YES _____ NO _____
 If Yes, Specify Medication _____ mg _____ Reasons _____
 Prescribing Physician _____

5. GENERAL INFORMATION

Is your child involved in organized activities? Example – School teams afterschool, church groups, etc? Y ES ___ NO ___

If yes list activities

Are you applying for any other children at this time or do you have any children currently involved in this program? If yes, please give child’s name(s)

Please Read Carefully and Sign

The Wilbert E. Burgie Cadet Corps is a social service community based site-program designed to help children. Who has shown the desire, need and ability to form a relationship with an interest adult and demonstrate that the family situation does not require services that this agency cannot deliver. This application is designed to establish a profile of the family situation and child’s needs. It will be one method used to determine the child’s suitability for service.

The Wilbert E. Burgie Cadet Corps does not discriminate with regard to the applicants’ race, color, creed, gender, sexual orientation, and marital status, place of natural origin, age or disability.

Please be sure to read the following agency guidelines: By signing below, I understand and agree that”

1. This application does not obligate my child to become a mentee.
2. This application does not obligate Wilbert E. Burgie Cadet Corps, Inc, to interview, assign or actively seek to assign a mentor to my child/guardian.
3. As part of Wilbert E. Burgie Cadet Corps application process, professional agency personal will obtain additional personal information from my child and me.
4. It is my responsibility to ensure that Wilbert E. Burgie Cadet Corps, Inc. receives all pertinent information. Noncompliance will result in withdrawal of consideration from the program.
5. As part of Wilbert E. Burgie Cadet Corps application and interview process, I am aware that the interviewers are MANDATED to REPORT and may need to report any ‘suspicion’ of child abuse or negligence to the proper authorities.

Parent or guardian’s Signature _____ Date _____

Please print name _____