

**Due September 19<sup>th</sup>**

Ohio Northern University

**Ada Friends Program**

ONU English Chapel

Ada, Ohio 45810

Phone (419) 772-2200

Fax (419) 772-2148

E-mail: [adafriends@onu.edu](mailto:adafriends@onu.edu)

Revise August 2015



OHIO NORTHERN UNIVERSITY

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## **ADA FRIENDS APPLICATION**

**IMPORTANT:** In order to become a member of the Ada Friends Mentorship Program, this application must be completed in full. This application is extremely useful for making the best possible match between Big and Little when it is filled out in detail. The pages 2 and 3 of this application are for *potential Littles* to complete. The final two pages should be completed by the *parents* of potential Littles. Please use the contact information above if you have any questions, concerns, or comments regarding the Ada Friends program.

The information contained in this application will greatly assist us in making the best possible Ada Friends match for your child(ren). Rest assured that all information will be kept confidential between the Ada Friends staff and your child's Ada Friend.

**Thanks for being a friend!**

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Applicant's Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Male Female

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Grade \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone (if applicable) \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Have you participated in Ada Friends before?    Yes        No

If yes, who was your Big Brother/Sister? \_\_\_\_\_

Would you liked to be matched to them again?    Yes        No

What do you want to be when you grow up?

What do you like to do in your spare time?

Do you play a musical instrument? If so, what instrument do you play?

What is your favorite movie? Who is your favorite movie character?

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Please list at least 5 activities you would like to do with your Big **inside**.

Please list at least 5 activities you would like to do with your Big **outside**.

Why do you want to be a member of Ada Friends?

I hereby state my intent to participate in the Ada Friends program for the 2015-16 school year.

X \_\_\_\_\_  
Ada Friends Applicant Signature

\_\_\_\_\_  
Date

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**ADA FRIENDS PARENT & FAMILY INFORMATION**

The following information will greatly assist us in making the best possible Ada Friends match for your child(ren). All information will be kept confidential between the Ada Friends staff and your child's Ada Friend. If you have more than one child applying, you can fill out this side for all of your children, and we will make copies. **The other side must be filled out for each individual child.**

Name of child(ren): \_\_\_\_\_

Please indicate marital status of child's biological parents: \_\_\_\_\_

Contact Information for parent/guardian the child lives with:

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

Phone number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of your employment: \_\_\_\_\_ Work phone: \_\_\_\_\_

Is it ok to contact you at work?    Yes    No    Only in an emergency

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

Is there a good time to call you? \_\_\_\_\_

**VERY IMPORTANT:** What is your preferred means of contact (circle one)?

Home phone                  Work phone                  Email                  Other (please explain):

Contact Information for a relative your child does not live with:

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list the names and relationships of all who live in the child's house. List ages of children.

Name	Relationship	Age	Name	Relationship	Age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are there other adults (relatives, neighbors, etc.) your child is close to? \_\_\_\_\_

Do you have any pets? Yes No List: \_\_\_\_\_

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**ADA FRIENDS PARENT & FAMILY INFORMATION**

Please fill out this part for each of your children individually.

Child's Name: \_\_\_\_\_ Nickname/Preferred Name: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child have any other medical conditions? \_\_\_\_\_

Does your child have any disabilities? \_\_\_\_\_

Are there school subjects your child struggles with? \_\_\_\_\_

What kind of grades does your child earn? \_\_\_\_\_

Does your child get along well with other children? \_\_\_\_\_

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What are your child's strengths? \_\_\_\_\_

What do you think are your child's biggest challenges? \_\_\_\_\_

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Is there anything else you would like to share with us about your child? \_\_\_\_\_

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What would you like most out of the program for your child? \_\_\_\_\_

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We take pictures of Ada Friends activities to use as publicity. Pictures have been used for Ada Friends advertisement around campus and, most recently, online within the Ada Icon. Please check below your choice regarding having your child photographed.

\_\_\_\_ I give Ada Friends permission to take my child's picture.

\_\_\_\_ I do not give permission for my child's picture to be taken.

I hereby give consent for my child to participate in Ohio Northern University's Ada Friends Mentorship program.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Parent/Guardian Legibly Printed Name)

\_\_\_\_\_  
(Date)