



BIG BROTHERS BIG SISTERS OF THE LAUREL REGION

106 North Main Street, Greensburg, PA 15601 Phone: 724-837-6198 Fax: 724-837-6120
65 West Main Street, Uniontown, PA 15401 Phone: 724-439-8055

LITTLE BROTHER/LITTLE SISTER APPLICATION

Child's Full Name: _____ Program: Community-Based School-Based

Gender: _____ Ethnicity: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

Custodial Parent/Guardian's Name: _____ Relationship to Child: _____

Address: _____
NUMBER/STREET CITY, STATE ZIP CODE

Primary Phone (home/cell): _____ Alternate Phone (home/cell): _____

Best Day(s) and Time(s) to Call: _____

Email: _____ Secondary Email: _____

Place of Employment/Position: _____

Work Phone: _____ May we contact you at work? YES NO

Alternate/Emergency Contact Person: _____ Phone: _____

Relationship to Child: _____

- Child resides in a single-parent household YES NO _____
- Child has/had an incarcerated parent YES NO _____
- Child receives reduced or free lunch YES NO _____
- Child is involved in SAP/ESAP YES NO _____
- Child involved in juvenile justice system YES NO _____
- Child has/had a military parent YES NO *(if YES please circle: ACTIVE, DECEASED/LOD, RETIRED/VETERAN)*

How did you hear about our agency? _____

Do you know anyone involved with our agency (if 'yes', please list person/relationship)?

What is the primary reason for wanting a Big Brother/ Big Sister for your child? _____

Has your child ever had a Big Brother/Big Sister (if 'yes', please list agency/county/state)?

Can you and your child commit to the child meeting with a volunteer for at least two years? YES NO

Is there a person who shares custody of this child? (if yes, are they aware of the child's enrollment with BBBS?) _____

What are your preferences for your child's Big Brother/Big Sister (ethnicity, gender, age range, personality, etc.)?

I think my child could benefit from mentoring in the following areas (circle all that apply):

Improve self-esteem
Improve friendships
Improve social skills
Improve parental trust

Avoidance of smoking/drinking/drugs
Avoidance of skipping/being late for school
Avoidance of hitting/bullying

Improve grades
Improve attitude toward school/teachers
Improve attitude toward high school/college

Other: _____

Is your child receiving counseling/therapy or does he/she have a diagnosis? If yes, explain:

Does your child have any medical conditions? Allergies? If yes, explain:

Does your child take any medications? If yes, explain:

Please tell us about your current household (who lives with you/relationship to child):

Please tell us about your physical surroundings/immediate neighborhood?

Community-Based Mentoring Only: Do you feel your child would benefit from a match with a Big Brother/Big Sister couple? YES NO

Please read and sign that you acknowledge and agree:

1. I give permission for my child to participate in the Big Brothers Big Sisters' mentoring programs, including initial and ongoing communication with Big Brothers Big Sisters' staff and school personnel.
2. As part of the screening process, I may be asked to provide additional personal information prior to recommendation for assignment to a volunteer Big Brother/Big Sister.
3. I give permission for Big Brothers Big Sisters to communicate with school personnel regarding my child and the match, and for the school to release a report of my child's progress and relevant information.
4. If accepted into the program, I consent to the disclosure of relevant information for potential matches.
5. I will communicate with Big Brothers Big Sisters' staff regarding my child and the match.
6. I will encourage my child to actively participate in the one-to-one mentoring sessions with the Big Brother/Big Sister.
7. Big Brothers Big Sisters is not required to match my child with a Big Brother/Big Sister.
8. I agree to keep information disclosed to me about the match confidential.
9. **Public Relations Release:** I permit Big Brothers Big Sisters of the Laurel Region to use my child's identifying information in agency promotional/public relations materials. This information shall be used by the agency for any agency-sponsored activity, publication, and/or related event - no personal history information will be used.
10. **For School-Based Mentoring only:** I give permission for my child to exchange telephone number/address with the Big Brother/Big Sister to encourage keeping in touch during the summer break from school. UNDER NO CIRCUMSTANCES ARE VOLUNTEERS AND CHILDREN TO HAVE PHYSICAL CONTACT OUTSIDE OF THE SCHOOL SETTING.

We look forward to working with you, and we welcome your input and feedback. If you have any questions or comments, please contact Big Brothers Big Sisters of the Laurel Region at the appropriate office above.

Signature: _____

Date: _____

Printed Name: _____

Please include a photo of your child if possible.

Please return the form by mail or fax to the Greensburg office listed above as soon as possible.

You may also e-mail the completed form to mail@bbbslr.org.

School-Based Mentoring applicants may also return the form to the child's teacher or guidance counselor.



BIG BROTHERS BIG SISTERS OF THE LAUREL REGION

106 North Main Street, Greensburg, PA 15601 Phone: 724-837-6198 Fax: 724-837-6120
 65 West Main Street, Uniontown, PA 15401 Phone: 724-439-8055

LITTLE BROTHER/LITTLE SISTER INTERESTS

Child's Name: _____

Date: _____

(This form is to be completed by the child applicant, in his/her own words/thoughts.)

INDOOR ACTIVITIES	OUTDOOR ACTIVITIES	Watch	Participate	SPORTS
Board/Card Games	Bicycling			Archery
Card Collecting	Boating			Baseball
Coin Collecting	Camping			Basketball
Cooking	Fishing			Bowling
Dancing	Gardening			Boxing
Drawing	Hiking			Football
Listening to Music	Horseback Riding			Golf
Model Building	Hunting			Hockey
Movies	Jogging			Ice Skating
Musical Instruments	Sledding			Ping Pong
Pottery	Walking			Pool
Reading				Racquetball
Singing				Roller Blading/Skating
Stamp Collecting				Rowing
Watching Television	OTHER			Skateboarding
Writing	Animals/Pets			Skiing (snow or water)
Video Games	Arts and Crafts			Soccer
	Auto Mechanics/Cars			Swimming
	Carpentry			Tennis
	Computers			Track
SCHOOL RELATED	Dramatics			Volleyball
Art	Electronics			Weightlifting
Chemistry	Gun/Marksmanship			Wrestling
English	Inventions			
Geography	Metal Working			
Gym	Photography			
History	Sewing			ADDITIONAL
Mathematics	Shopping			
Science	Traveling			
Spelling	Woodworking			

If you could have three (3) wishes, what would they be?

1. _____
2. _____
3. _____

What is your favorite:

- TV Show: _____
- Food: _____
- Music Group: _____

Please finish the sentence/phrase with your first thoughts:

1. I am proud of _____
2. I like _____
3. I wish _____
4. I am happiest _____
5. My school _____
6. A good friend is _____
7. Other kids my age _____
8. Boys _____
9. Girls _____
10. Police officers _____
11. When I grow up _____
12. My dreams _____
13. Sometimes people _____
14. People talk about my _____
15. It makes me angry _____
16. I am sorry _____
17. I worry most about _____
18. Being alone _____
19. I don't like _____
20. Black _____
21. White _____
22. My sister/brother(s) _____
23. My mother/father _____
24. My mother/father treats me _____