



# 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

Male/Female: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Custodial Parent/Guardian's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_  
*NUMBER/STREET CITY, STATE ZIP CODE*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Place of Employment/Position: \_\_\_\_\_

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

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

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)?  
\_\_\_\_\_

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

Do you have any preferences for your child's Big Brother/Big Sister (race, gender, etc.)? \_\_\_\_\_

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

- |                        |   |   |
|------------------------|---|---|
| Improve self-esteem    | Avoidance of smoking/drinking/drugs         | Improve grades                              |
| Improve friendships    | Avoidance of skipping/being late for school | Improve attitude toward school/teachers     |
| Improve social skills  | Avoidance of hitting/bullying               | Improve attitude toward high school/college |
| Improve parental trust |   |   |

Other: \_\_\_\_\_

**(PLEASE SEE OTHER SIDE)**

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

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

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

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Please tell us about your physical surroundings/immediate neighborhood?

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**Community-Based Mentoring Only:** Do you feel your child would benefit from a match with 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](mailto:mail@bbbslr.org).*

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



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## 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	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 SEE OTHER SIDE)**

**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 \_\_\_\_\_