



MEMBER

# LAKE AREA BIG BROTHERS BIG SISTERS

## LITTLE BROTHER/LITTLE SISTER APPLICATION (Community-based Program)

Date: \_\_\_\_\_

**All information you provide is kept confidential**

Recent Photo of Child

Child's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ M or F Age \_\_\_\_\_ DOB: \_\_\_\_\_

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

Time Available To Spend With Volunteer: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Days/Hours Worked: \_\_\_\_\_ May we call you at work? Yes or No

Religious Affiliation/Preference: \_\_\_\_\_

Emergency Contacts: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Absent Parent Name/Location: \_\_\_\_\_

Reason Parent is absent: \_\_\_\_\_

Other Household Members:	<u>Name</u>	<u>Age</u>	<u>Relationship to the Child</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_