

LITTLE BUDDY APPLICATION

Name: _____ Date: _____

Social Security Number: _____ - _____ - _____ Phone : _____

Address: _____

Date of Birth: ___/___/___ Age: ___ School: _____ Grade ___

Child's ethnicity. Check one (optional): White ___ Black ___ Asian ___

Hispanic ___ American Indian ___ Other _____

Parent /Guardian: _____

Employer name & address: _____

Employer phone _____ May we call you at work? Yes ___ No ___

Names of other family members living in the home:

Name _____ Relationship: _____

Name _____ Relationship: _____

Name _____ Relationship: _____

Name _____ Relationship: _____

How did you hear about the Big Buddy Program? _____

Why do you feel this child needs a Big Buddy? _____

Child's interests/hobbies: _____

Special needs or concerns: _____

Does the child have any developmental disabilities? Explain_____

Medications:_____ **Child's Doctor's Name:**_____

Has this child ever been involved with law enforcement/probation?

Explain_____

What concerns, if any , do you have regarding how this child is doing in school?

Other agencies involved with this child:_____

Please mark yes or no if you have a preference regarding a Big Buddy's:

race___ **religion**___ **marital status**___ **sexual orientation**___

Dear Little Buddy,

*Hello! Please take a minute to write a few words or draw a picture. Tell me or show me why you would like to have a Big Buddy, or some of things you would like to do with a Big Buddy.
Thank You.*

*** Please give directions to your home. You may use the back of page if necessary.**