

Big Brothers & Sisters of  
Warren and Clinton Counties, Inc.



**Application: Big Brother/Sister (High School)**  
School Based Mentoring Program

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

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Tele: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

School: \_\_\_\_\_ Grade Level \_\_\_\_\_

How long have you lived in Warren County? \_\_\_\_\_

Your Occupation/Business: \_\_\_\_\_

May we contact you at work? Yes No If yes: ( ) \_\_\_\_\_

How long have you been employed at this place of business? \_\_\_\_\_

Have you ever volunteered as a Big Brother/Sister for any other agency before? Yes No  
If yes, please provide name of agency: \_\_\_\_\_

**How did you hear about the Big Brothers/Sisters Program?**

Newspaper Ad \_\_\_ Newspaper Article \_\_\_ BBBS Website \_\_\_ Brochure \_\_\_ Friend \_\_\_  
Fund Raising Event \_\_\_ School/Company Visit \_\_\_ Know someone in program \_\_\_  
Club @ School \_\_\_ Other \_\_\_ If other, please specify: \_\_\_\_\_

*For Statistical Purposes Only:*

Gender (male/female) \_\_\_\_\_ Race \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Please list any extra curricular activities (sports, clubs, etc.)

\_\_\_\_\_

Why do you want to be a Big Brother/Big Sister? \_\_\_\_\_

Prior volunteer experience (include also with children) \_\_\_\_\_

Do you anticipate changes in residence status in the next year? Yes No

If yes, please explain \_\_\_\_\_

General health/Physical Limitations \_\_\_\_\_

Has your driver's license ever been revoked or suspended? \_\_\_\_\_ If yes, date \_\_\_\_\_

Explain \_\_\_\_\_

Have you ever been convicted of a crime? Yes No

If so, please explain: \_\_\_\_\_

**References:**

We would like you to provide two references that would recommend you for our School Based Mentoring Program. Please choose references who know you well. **Please make one reference your parent and the other reference school personnel**, such as a teacher, coach, guidance counselor, etc.

**Parent Reference:**

Name: \_\_\_\_\_ Tele: ( ) \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**School Personnel:** Teacher, Coach, Guidance Counselor

Name: \_\_\_\_\_ Tele: ( ) \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

