



# Big Brothers Big Sisters of Greater Lowell

c/o CTI

155 Merrimack St., 3<sup>rd</sup> Floor

Lowell, MA 01852

Tel. 978-654-5683; Fax- (978) 654-5071

## APPLICATION

### Little Brother/Little Sister

The child's parent/guardian or another adult who has knowledge of the child's history and family should complete this application. The child's parent or guardian must sign it. Big Brothers Big Sisters staff will review this application and you will be notified as to the next steps in the process for applying for a Big Brother or Big Sister. Please call our office at the above number if you need assistance in completing this form.

*(Please Print)*

#### *Child's Information*

Child's Name: \_\_\_\_\_  
(First) (M) (Last)

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Phone: \_\_\_\_\_

Child's Address: \_\_\_\_\_ Apt. \_\_\_\_\_

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

#### *Parent/Guardian Information*

Name: \_\_\_\_\_  
(First) (Last)

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

May we call at work? Yes / No

How did you hear about Big Brothers Big Sisters? \_\_\_\_\_

Referral Source: *social worker, therapist, teacher, etc.*

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

Child's Race: \_\_\_\_\_

Does the child have a parent in state or federal prison? Yes / No

Please list any medical problems or allergies your child may have:

\_\_\_\_\_  
\_\_\_\_\_

List everyone residing in the child's home, include names and ages.

<u>Name</u>	<u>Relationship to child</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Continue on Back)

Please explain why you would like a Big Brother or Big Sister for your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you talked to your child about this Program?    Yes    No

If yes, how does he/she feel about being involved in the program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list anything that we should consider in deciding who would be a suitable volunteer for your child.

\_\_\_\_\_  
\_\_\_\_\_

Additional  
Comments:

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

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*Further information about Big Brothers Big Sisters of Greater Lowell is available by calling us at any time at 978-654-5683*

**Parent/Guardians and children applying for this service must complete an intake process to decide on acceptability for this program. Generally, but not always, children from single parent families, non-traditional families or foster/group homes are qualified for this service. If the parent who does not live with the child sees the child regularly he or she must consent to the child receiving this service.**