



For Office Use Only	
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Confidential Little Brother Little Sister Application

Child's Name _____
(Last) (First) (Middle)

Birth Date _____ Ethnicity _____ Sex _____

Address _____ City _____ Zip _____

Living with _____
(Name and Relationship)

Phone Number (Home) _____ E-Mail _____

If you do not have a phone, at what number can you be contacted? _____

School _____ Grade _____ SS# _____

Has your child ever been denied acceptance as a Little? ___ Yes ___ No
If yes, Why? _____

Has your child been matched previously? ___ Yes ___ No

Referred by _____
(Name) (Relationship/Agency)

(Phone #) (Ext.)

Mother's Name _____ Birth Date _____

Address _____

Occupation _____ Employer _____ Work # _____

If Incarcerated:
 Federal Prison State Prison; if yes, which State? _____

Father's Name _____ Birth Date _____

Address _____

Occupation _____ Employer _____ Work # _____

If Incarcerated:
 Federal Prison State Prison; if yes, which State? _____

Divorce Date(s) if applicable _____



Residents in the Household:

<u>Brothers</u>			<u>Sisters</u>			<u>Other Relationships</u>
<u>Name</u>	<u>Birthday</u>	<u>Grade</u>	<u>Name</u>	<u>Birthday</u>	<u>Grade</u>	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

1. What is the family's income? _____
 2. What is the source of income? _____
 3. Does the family receive: Family Assistance? Yes___ No___
Free/Reduced Lunch? Yes_____ No_____
 4. If the child lives in a one-parent home, does the child ever see or visit his/her other parent? Please explain. _____
 5. Does the child have any regular contact with other adults? Yes___ No ___ Please explain _____
 6. Are there any special health conditions? Yes___ No ___ If yes, please explain the condition and the treatment the child receives _____

- How does this condition affect the child's ability to participate in normal activities?

7. Is the child taking any medication? Yes___ No___ If yes, please list the medications and their purpose: _____

 8. Is the child currently in counseling? Yes___ No___ If yes, please explain the nature of the reason for counseling _____
Counselor's Name _____ Facility _____
Phone # _____ Ext. _____



9. If the child has been in counseling in the past 2 years, but is not currently, please answer the following:

Dates child was in counseling: _____

Reason for counseling: _____

Name of the counselor: _____

Name of the agency or office: _____

Did the counselor release the child from services? Yes____ No____

10. Has the child ever been suspended from school for any reason? Yes ___ No ___

If Yes, What was the reason? _____

If your child is in a Resource Class or Detention Class, please list the name of your child's Teacher, Guidance Counselor, or Principal who has had ongoing personal contact with your child.

Name _____ Title/Position _____

Phone # _____

11. State why you feel your child would benefit from having a Big Brother or Big Sister.

12. What is your relationship to this applicant: _____

Address _____ Zip _____ Phone _____

Your Signature _____

THIS SECTION TO BE COMPLETED BY THE CHILD

(If needed, the guardian can write the answers but the following questions should be answered by the child.)

1. Would you like to have a BIG?

Yes ____ No ____ Not sure ____

2. Why would you like to have a BIG?



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3. What would you like us to tell a **BIG** about you?

4. If you could have one wish, what would it be?

5. What would you like to be when you grow up?

6. In the space below, describe in words or in a picture, an adult who has made you feel good about yourself by encouraging you and being your friend.