



Big Brothers Big Sisters of Northwest Arkansas
 610 East Emma Ave. Suite D, Springdale AR 72762
 Phone: (479) 756-5683 Fax: (479) 756-0147

High School Bigs Application

COMPLETED PARENT FORMS MUST BE RETURNED PRIOR TO SCHEDULING AN INTERVIEW

This information does not determine a volunteer's acceptance into the program. Rather, it allows us to do the best possible job of matching, and allows us to consider parental preference and choice. Big Brothers Big Sisters does not discriminate on the basis of a volunteer's race, color, religion, national origin, gender, marital status, sexual orientation, veteran status, or disability.

Name: _____ Current Grade: _____ Gender: M F

Race: _____ Social Security #: _____ Date of Birth: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Email address: _____

If employed: Name of Employer: _____ Job Title: _____

Work phone: _____ OK to contact at work? Yes No Do you have transportation? Yes No

Do you have a valid driver's license? Yes No Driver's License Number: _____ Expiration Date: _____

How long have you lived in this area? _____ Have you applied before to be a Big Brother/Big Sister? Yes No

What club/organization requires your involvement with BBBS? _____

3 REFERENCES ARE NEEDED: (Please print completely and clearly.)

1. **SCHOOL REFERENCE:** a school counselor, teacher, coach, etc. from the high school you attend who knows you well and has known you at least 6 months.

 Name Job Title

2. **PERSONAL REFERENCE:** an adult employer, co-worker or friend who has known you for at least 2 years (must be 18 or older). We CANNOT accept relatives, boy/girlfriends, or classmates as references.

 Name Work Phone Home Phone Fax Number

3. **PERSONAL REFERENCE:** an adult who has known you for at least 2 years (must be 18 or older). We CANNOT accept relatives, boy/girlfriends, or classmates as references.

 Name Work Phone Home Phone Fax Number

STATEMENT OF UNDERSTANDING: If I am accepted as a Big Brother or Big Sister, I understand and accept my commitment to meet with my Little Brother or Little Sister as specified by the BBBS agency, and to inform BBBS agency staff as to the status of my match relationship every month. I further agree to accept the supervision of the BBBS staff, and to discontinue my service if I am requested to do so by the agency. I further understand that the agency reserves the right to reject me as a volunteer from the program without disclosing the reason for non-acceptance.

Signature of Applicant: _____ Date: _____

