



**HIGH SCHOOL BIGS APPLICATION**  
**Big Brothers Big Sisters of Northwest Arkansas**  
**300 E. Main Siloam Springs, AR 72761**  
**524-4292 (toll free: 1-877-344-1244)**

**\*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: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Summer Address: (if different) \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

If employed: Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

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

\_\_\_\_\_  
 Street Address City State Zip Code

**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

\_\_\_\_\_  
 Street Address City State Zip Code

**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: \_\_\_\_\_

