

**Big Friends Little Friends**  
A program of Family Service Inc.  
430 North Canal St. Lawrence, MA 01840  
**Telephone (978) 327-6640 Fax (978) 327-6601**

APPLICATION TO BE A BIG FRIEND

A Big Friend is a mentor, an adult figure with whom a youngster can count on and look up to. This individual possesses qualities of warmth, maturity, stability, patience, dependability, and the capacity to accept the child as he/she is. The Big Friends Little Friends program has great responsibility in providing sustained friendship and strength to the child. Because of the serious nature of our work, the following information is necessary. Please respond to as many of the questions as possible. **All the information will be kept strictly confidential.** (Additional sheets may be attached if necessary.)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
          first                    middle                    last

Gender: (circle one)    male        female                    Social Security # \_\_\_\_\_

Ethnicity (optional) \_\_\_\_\_

Home (School) Address \_\_\_\_\_  
  No. and Street                                    City                                    State                                    Zip

Home (School) Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email address \_\_\_\_\_

When can you be reached at home (school)? \_\_\_\_\_ Can you be called at work? \_\_\_\_\_

How long have you lived in your present community? \_\_\_\_\_

How long do you anticipate remaining in this area? \_\_\_\_\_

What change in your business or domestic status do you expect in the coming year? \_\_\_\_\_

Please list residences in the last 5 years:

Address/City/State	Dates
_____	_____ to _____
_____	_____ to _____
_____	_____ to _____
_____	_____ to _____

Marital Status: Single \_\_\_\_\_ Separated – Date \_\_\_\_\_  
Married – Date \_\_\_\_\_

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Divorced - Date \_\_\_\_\_ Widowed - Date \_\_\_\_\_ Remarried - Date \_\_\_\_\_

Spouse \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

Do the significant people in your life support your becoming a Big Friend? \_\_\_\_\_

Children: Name, sex, age \_\_\_\_\_

Others in home (e.g. foster children, relatives, roommates) \_\_\_\_\_

**Job History**

Present Occupation \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Work Days and Hours \_\_\_\_\_

Employer: \_\_\_\_\_

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

Phone: (        ) \_\_\_\_\_ Ext: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we call you at work? \_\_\_\_\_ If not, why? \_\_\_\_\_

*This agency may be contacting your employer as a reference.*

Is there any reason that you would not want us to contact your employer? If yes, please explain.

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

**Last 2 jobs:**

• Position: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Employer: \_\_\_\_\_

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

Phone: (        ) \_\_\_\_\_ Supervisor: \_\_\_\_\_

May we contact this employer as a reference? \_\_\_\_\_

If not, why? \_\_\_\_\_

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• Position: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Employer: \_\_\_\_\_

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

Phone: (     ) \_\_\_\_\_ Supervisor: \_\_\_\_\_

May we contact this employer as a reference? \_\_\_\_\_

If not, why? \_\_\_\_\_

**Education:**

School	Address	Diploma/Degree	Year Graduated
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Specialized Training \_\_\_\_\_  
name date

Do you speak another language? \_\_\_\_\_ Religion \_\_\_\_\_  
(PLEASE SPECIFY)

**Medical History**

Major Illness/Medical Problems	Treatment	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you take any special medication? \_\_\_\_\_

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If yes, please explain:

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Have you ever sought counseling or psychological treatment of any type: \_\_\_\_\_

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

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Have you ever had problems with the use of alcohol or drugs? \_\_\_\_\_

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

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Person we should contact in case of emergency (name, address, telephone #)

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Transportation

Are you a licensed driver? \_\_\_\_\_

If yes, do you have your own transportation? \_\_\_\_\_

Do you carry liability insurance? \_\_\_\_\_

*This agency will need a copy of the cover page to your car insurance for our files and will also run your motor vehicle report*

Legal History

Have you ever been arrested? \_\_\_\_\_

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

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Offense	Date	Action
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Have you ever been investigated/and or charged with child abuse or neglect? \_\_\_\_\_

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

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Have you ever been investigated for and/or charged with assault? \_\_\_\_\_

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

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Have you ever been investigated for and/or charged with any other offenses? \_\_\_\_\_

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

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**Military Service**

Branch

Dates

Type of Discharge

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**Previous Application**

Have you ever applied at this or any other agency to become a mentor \_\_\_\_\_

If so, please explain (including when and what the outcome was) \_\_\_\_\_

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Personal Data

What are some values and beliefs that are of special importance to you?

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How do you feel these relate to working with young people?

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Please list hobbies and activities you enjoy:

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Do you have any special training or skills?

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Please list any professional memberships, community organization affiliations, etc.

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Have you had any experience working with children (volunteer, paid, etc.)? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

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Additional Comments: \_\_\_\_\_

**REFERENCES**

Please **PRINT OR TYPE COMPLETE NAMES, ADDRESSES AND PHONE NUMBERS** of three (3) people, other than relatives, who know you well and who would be in a position to evaluate your qualifications as a prospective Big Friend. **PLEASE INCLUDE YOUR SUPERVISOR OR EMPLOYER** if working (or professor, if applicable) as one reference. If you are married and/or living with someone please include that person as a reference as well. All of these people will be contacted before your in-office interview.

**PLEASE PRINT OR TYPE COMPLETE INFORMATION**

1. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Title/Company/Organization \_\_\_\_\_

Street: \_\_\_\_\_

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

Business Telephone \_\_\_\_\_ Cell/Home Telephone \_\_\_\_\_

Email \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Title/Company/Organization \_\_\_\_\_

Street: \_\_\_\_\_

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

Business Telephone \_\_\_\_\_ Cell/Home Telephone \_\_\_\_\_

Email \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

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Title/Company/Organization \_\_\_\_\_

Street: \_\_\_\_\_

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

Business Telephone \_\_\_\_\_ Cell/Home Telephone \_\_\_\_\_

Email \_\_\_\_\_

**INTEREST MATCHING SECTION**

Please place a checkmark (✓) next to the activities you enjoy doing. Place an (X) next to the activities you would be interested in learning.

<input type="checkbox"/> Boating	<input type="checkbox"/> Animals	<input type="checkbox"/> Music	<input type="checkbox"/> Swimming	<input type="checkbox"/> Birds	<input type="checkbox"/> Reading
<input type="checkbox"/> Water Ski	<input type="checkbox"/> Photography	<input type="checkbox"/> Singing	<input type="checkbox"/> Basketball	<input type="checkbox"/> Star Gazing	<input type="checkbox"/> Board Games
<input type="checkbox"/> Baseball	<input type="checkbox"/> Trees & Plants	<input type="checkbox"/> Puzzles	<input type="checkbox"/> Boxing	<input type="checkbox"/> Gardening	<input type="checkbox"/> Traveling
<input type="checkbox"/> Football	<input type="checkbox"/> Beach	<input type="checkbox"/> Video Games	<input type="checkbox"/> Soccer	<input type="checkbox"/> Auto Repair	<input type="checkbox"/> Museums
<input type="checkbox"/> Wrestling	<input type="checkbox"/> Aviation	<input type="checkbox"/> Picnics	<input type="checkbox"/> Bowling	<input type="checkbox"/> Chemistry	<input type="checkbox"/> Movies
<input type="checkbox"/> Golf	<input type="checkbox"/> Electronics	<input type="checkbox"/> Concerts	<input type="checkbox"/> Racquetball	<input type="checkbox"/> Computers	<input type="checkbox"/> Plays
<input type="checkbox"/> Ping Pong	<input type="checkbox"/> Rockets	<input type="checkbox"/> Drawing	<input type="checkbox"/> Pool	<input type="checkbox"/> Snowmobiling	<input type="checkbox"/> Painting
<input type="checkbox"/> Tennis	<input type="checkbox"/> Rock Collecting	<input type="checkbox"/> Crafts	<input type="checkbox"/> Jogging	<input type="checkbox"/> Rare Coins	<input type="checkbox"/> Woodwork
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Jet Skis	<input type="checkbox"/> Sewing	<input type="checkbox"/> Biking	<input type="checkbox"/> Stamps	<input type="checkbox"/> Hiking
<input type="checkbox"/> Kites	<input type="checkbox"/> Scrapbooks	<input type="checkbox"/> Mini Golf	<input type="checkbox"/> Ice Skating	<input type="checkbox"/> Card Games	<input type="checkbox"/> Model Planes
<input type="checkbox"/> Rollerblades	<input type="checkbox"/> Checkers	<input type="checkbox"/> Writing	<input type="checkbox"/> Fishing	<input type="checkbox"/> Chess	<input type="checkbox"/> Musical Instrument
<input type="checkbox"/> Hunting	<input type="checkbox"/> Cooking	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Body Building	<input type="checkbox"/> Dancing	<input type="checkbox"/> Backpacking
<input type="checkbox"/> Camping	<input type="checkbox"/> Dolls	<input type="checkbox"/> Ballet	<input type="checkbox"/> Snowboarding	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Track
<input type="checkbox"/> Skateboarding	<input type="checkbox"/> Hockey	<input type="checkbox"/> Comic Books	<input type="checkbox"/> Frisbee	<input type="checkbox"/> Sailing	<input type="checkbox"/> Horseback Riding

**PLEASE READ BEFORE SIGNING:**

Big Friends Little Friends (BFLF) is a program of Family Service, Inc. designed to help children who have shown a need for a strong relationship with an interested adult. While the program is an interfaith and interracial one, the desire of the child's parent or guardian are respected in the selection of the appropriate adult for each child. Family Service does not discriminate according to race, religion, physical disability, sexual preference or economic status.

I hereby apply for membership as a volunteer in the BFLF program. I understand that BFLF staff will interview me about my background, motivation, expectations, and other personal qualities that might have a bearing on whether I would be an appropriate volunteer. I agree to supply BFLF with proof of auto insurance, driver's license and car registration (if applicable). I further agree to undergo a national fingerprint check so that the BFLF can do a criminal background check. I understand that BFLF will review references and will investigate any and all facts concerning my qualifications for becoming a volunteer. I certify that all of the information provided by me in this application is complete, true, and accurate. I acknowledge that intentional omission or falsification of information will be cause for refusal of placement or immediate dismissal at any time during the period of my placement.

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I understand that BFLF has to take the best interests of the children into consideration first. Further, I understand that I am not obligated, if called upon, to perform the volunteer services applied for and BFLF is not obligated to assign or actively seek to assign me to a volunteer position.

I understand that the statements I made to the staff of the agency will be held confidential within the agency, unless disclosure is required by law. Specifically, I understand that incidents of child abuse or molest, past or present, or threat of harm to oneself or others are issues that must be reported to proper authorities.

I understand that certain information about me will be discussed with the parent/guardian of the child with whom I am matched. If there are things about me that I do not want repeated, it is my responsibility to discuss this with BFLF staff.

I agree to keep information discussed with me regarding a potential match confidential. I will not discuss this information with any person other than the assigned professional staff of BFLF.

I understand that my application will not be considered unless it is complete and signed and until the required supplemental information is submitted and completed.

I agree to notify BFLF immediately of any changes in the information provided in the application process, including, but not limited to legal status, driving record, job change, address change, telephone, name change, or marital status. I also agree to maintain automobile insurance during my tenure with BFLF.

This application and any additional information gathered will remain the property of Family Service, Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_