



Big Brothers Big Sisters
of Flagstaff

CONFIDENTIAL APPLICATION FOR LITTLE BROTHER/LITTLE SISTER

CHILD INFORMATION

NAME OF CHILD:		NICKNAME:	
RACE/ETHNICITY:	DATE OF BIRTH:	AGE:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

ADDRESS INFORMATION

MAILING/STREET ADDRESS:		HOME PHONE:
OTHER PHONE:	EMAIL ADDRESS:	
SCHOOL:	GRADE:	TEACHER:

PARENT/GUARDIAN INFORMATION

NAME OF PARENT/GUARDIAN:		RELATIONSHIP TO CHILD:
PARENT/GUARDIAN DATE OF BIRTH:	RELIGIOUS AFFILIATION:	
PLACE OF EMPLOYMENT:	ADDRESS:	
HOURS AND DAYS WORKED:	WORK PHONE:	
CAN YOU BE CALLED AT WORK: <input type="checkbox"/> YES <input type="checkbox"/> NO		
PRESENT MARITAL STATUS:		IF DIVORCED, HOW LONG?
NAME OF OTHER PARENT:	MARITAL STATUS OF OTHER PARENT:	
CURRENT WHEREABOUTS OF OTHER PARENT:		
IS SPOUSE OR SIGNIFICANT OTHER LIVING WITH YOU?		

YOUR INCOME LEVEL (please check one):			
<input type="checkbox"/>	On Public Assistance	<input type="checkbox"/>	\$20,000 – \$30,000
<input type="checkbox"/>	Under \$10,000	<input type="checkbox"/>	Over \$30,000
<input type="checkbox"/>	\$10,000 – \$20,000		

OTHER MEMBERS OF HOUSEHOLD

NAME	AGE	GENDER	RELATIONSHIP TO CHILD

PARENT SIGNATURE

DATE: