



# Big Buddy Program

1415 Main St., Baton Rouge, LA 70802  
Ph. (225) 388-9737 Fax (225) 346-8441

## Big Buddy Application

### Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Birthplace (City, State, Country): \_\_\_\_\_

Race/Ethnicity (optional)

- American Indian/Alaskan Native
- Asian
- African-American
- Hispanic/Latino
- Native Hawaiian/Pacific Islander
- White/Caucasian
- Other \_\_\_\_\_

Marital Status:  Single  Married  Partnered  
 Divorced/Separated/Widowed

Do you have any children?  Yes  No  
If yes, please list names and ages.

Do you have a valid Driver's License?  Yes  No  
If yes, what is your Driver's License number?

Do you have access to a car?  Yes  No

## EMERGENCY CONTACT INFORMATION

Name of Emergency Contact: \_\_\_\_\_

Relationship to Mentor Applicant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## EDUCATION and EMPLOYMENT HISTORY

Are you currently in school?     Yes     No  
If yes, please list the school you attend

Expected Date of Graduation (Month/Year)

What is your highest level of education completed?

- Some High School Training
- High School Diploma/GED
- College Courses
- Associate's Degree
- BA/BS Degree
- Master's Degree
- Doctoral Degree
- Vocational Training
- Other

### Please provide your current employment information.

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

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

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

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

# TELL US MORE ABOUT YOURSELF!

Please answer **all** of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you want to become a mentor?
  
2. What qualities, skills, or other attributes do you have that would benefit a youth? Please explain.
  
3. Do you have any previous experience volunteering or working with youth? If so, please specify.
  
4. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.
  
5. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?
  
6. Have you ever used illegal drugs? If so, what substances were used and how often?
  
7. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain
  
8. Have you ever been investigated or convicted of sexually abusing or molesting a youth 17 or younger? If yes, please explain.
  
9. What age Mentee/Little Buddy would you like to work with?  
 Elementary School (ages 5 yrs – 11yrs)       Middle School (ages 12 yrs – 14yrs)       High School (ages 14 yrs – 17yrs)
  
10. When are you available to meet with a Mentee/Little Buddy?  
(Please check all that apply)  
 Weekday afternoons       Weekday evenings       Weekends
  
12. Are you available to meet with a child at least **four hours per month**?  
Please explain any particular scheduling issues.

# References

**Please list three references (other than relatives) who have known you for at least a year and who can vouch for your character, reputation and ethics. One should be someone who has known you in a professional capacity (i.e. an employer, teacher, supervisor, etc.)**

1. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

3. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

**FOR OFFICE USE ONLY**

INTERVIEW \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

GROUP \_\_\_\_\_

REFERENCES \_\_\_\_\_

MATCH \_\_\_\_\_

Saved as: Big Buddy-Mentor Application