

# Big Brothers of Rhode Island

## *Big Brother Application*

Name:

Home Phone: (  )  -

*Home Address*

Street:

City:

State:  Zip Code:  -

Date of Birth:  /  /

Place of Birth:

Occupation:

Can you be reached at work?  Yes  No

How long employed?:

Business Phone: (  )  -  ext.

*Education*

School Attended	# Yrs.	Years	Graduated?	Major Subject
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 95%; height: 20px;" type="text"/>

**Family Status:**

Single  Married  Widowed  Separated  Divorced  Re-Married

Number of Years Married:

Wife's Name:  Age:

Name(s) of Child(ren)	Age
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**Military Service:**

Branch of Service:

Years in Service:

Type of Discharge:

Religion of Applicant:

**Community Activities:**

*(List Clubs & Organizations, Service & Fraternal Groups)*

Change in family or vocation anticipated in the next year?:  Yes  No

**Health Status:**

**Why does applicant want to become a Big Brother?**

**How did applicant learn about Big Brothers?**

Past experience with boys?

Any special skills, hobbies, interests?

Has applicant discussed being a Big Brother with his Wife? Family? Others? Reaction?

**References:**

*Please list the names and addresses of references (unrelated) including if possible one clergyman and family doctor.*

Name	Street	City	ST	Zip	Telephone

Do you have any physical or mental condition which may limit your ability to serve as a volunteer? If so, please describe:

Do you sincerely feel you can meet the minimum standard of spending at least four hours per week with an assignment?:

Yes  No

Do you sincerely believe that you will be able to remain in the program for at least one year?:

Yes  No

**Have you ever applied to become a Big Brother before? If yes, When? Where?**

**Have you ever served with any other youth service organization, either as a volunteer or professional? If yes, where?**

**Do you object to the agency checking with appropriate public authorities (e.g. Police, Courts, Motor Vehicles Department, etc.) for matters of public record regarding your background or history?**

Yes  No

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*Please complete this form and return to:*

Big Brothers of R.I., Inc.  
3300 Pawtucket Avenue  
East Providence, RI 02915