



FOUNDED 1952

"A Big Brother Makes A Big Difference"

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LITTLE BROTHER QUESTIONNAIRE

Must be completed by mother or guardian

Child's Name _____ Today's Date: _____ 20__

Child's Date of Birth _____ Parent/Guardian's Name _____

Address _____ City, State, Zip _____

Phone: Home _____ Cell _____ Work _____

Employer _____ May we contact you at work? _____

What language do you speak in your home? _____

How much contact does your child have with his father?

Weekly Every Month Every three months

Twice a year No contact Father is deceased

When was the last time he saw his father? _____

Father's Name _____ Father's Phone Number _____

Father's Address _____

Does your child have contact with any male on a regular basis, like a relative, neighbor or boyfriend?

Yes No

If yes, then with whom and how often?

Has your child been affected by incarceration? Yes No

Please list the types of activities your child is interested in.

Does he have any physical limitations a Big Brother should be aware of?

How did you learn about Big Brothers?

Please give any pertinent information regarding your son which would aid Big Brothers of Rhode Island in the selection of a Big Brother for him. Include reasons why you feel he needs a Big Brother.

Do you have any pets in your home?

Have you ever applied to Big Brothers before? Yes No When? _____

Please sign the completed questionnaire and return it to Big Brothers of Rhode Island. You may send it to us by mail, e-mail or fax using the addresses listed above.

Signature (Mother or Guardian)

Date



Office use only