

# Big Brothers Big Sisters of Frederick County

2 East Church Street, P.O. Box 442

Frederick, MD 21705-0442

## **SPECIAL NEEDS MENTOR PROGRAM APPLICATION FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ E-mail address \_\_\_\_\_

Please state the name of your school and your grade, as well as how you heard about the program. \_\_\_\_\_

\_\_\_\_\_

Have you ever volunteered before? \_\_\_\_\_ If yes, where? \_\_\_\_\_

\_\_\_\_\_

Do you belong to any school/community clubs, activities or organizations? Please state:

\_\_\_\_\_

\_\_\_\_\_

What are your interests? \_\_\_\_\_

\_\_\_\_\_

Can you commit an hour each week? \_\_\_\_\_

Do you sincerely feel that you can be responsible for your actions and be ready to accept any supervision/guidance from the Big Brothers Big Sisters program coordinator and the school's administrators? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any preference in regard to age, sex, race or disabilities? \_\_\_\_\_

Do you have any physical/emotional problems which may restrict your involvement in this program? Please explain \_\_\_\_\_

Briefly state why you would like to become involved in the Special Needs Program.

\_\_\_\_\_

\_\_\_\_\_

Please list three adults, other than your parents, who could offer us character references:

Name \_\_\_\_\_

Address \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ E-mail address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ E-mail address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ E-mail address \_\_\_\_\_

In case of emergency, contact:

Name \_\_\_\_\_

Address \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

I understand that as a condition to being accepted as a volunteer in the Special Needs Program it will be necessary for Big Brothers Big Sisters to do a reference check.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

I will allow my son/daughter to participate in this Service Learning Program and will allow sufficient time to make this program worthwhile.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date