



Big Brothers Big Sisters
of Fayette County
P.O. Box 520
Connersville, IN 47331-0520

LITTLE BROTHER/LITTLE SISTER APPLICATION
(To be filled out by the boy or girl)

Name: _____ Date: _____

Birth date: _____ School attending: _____ Grade: _____

Who lives with you? _____

Tell us what you know about Big Brothers/Big Sisters:

Tell us why you want a Big Brother/Big Sister:



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CLIENT'S INTERESTS – ACTIVITIES

Name: _____ Date: _____

Check all activities you like or would like to learn about:

- | | | | |
|--------------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Camping | <input type="checkbox"/> Picnics | <input type="checkbox"/> Swimming | <input type="checkbox"/> Hiking |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Soccer | <input type="checkbox"/> Football | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Bowling | <input type="checkbox"/> Bicycling | <input type="checkbox"/> Jogging |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Skating | <input type="checkbox"/> Boating | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Frisbee | <input type="checkbox"/> Cooking | <input type="checkbox"/> Shopping | <input type="checkbox"/> Hunting |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Crafts | <input type="checkbox"/> Dancing | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Movies | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Music |
| <input type="checkbox"/> Games | <input type="checkbox"/> Sewing | <input type="checkbox"/> Video Games | <input type="checkbox"/> Art |
| <input type="checkbox"/> Traveling | <input type="checkbox"/> Collecting | <input type="checkbox"/> Cars | <input type="checkbox"/> Horses |

1. What is your favorite thing to do in your leisure time?

2. What is your least favorite thing to do in your leisure time?

3. Do you have any hobbies? If yes, please list.

4. What are your favorite sports to watch or participate in?

5. What activities would you like to share with your match?

6. What social organizations do you belong to?



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AUTOBIOGRAPHY – To be completed by the child.

Complete these sentences as quickly as you can. Please do all that apply.

1. My school

2. I am proud of

3. I like

4. My dream

5. My mother

6. My brothers

7. My sisters

8. My father

9. I am sorry

10. Black

11. White

12. It makes me angry when

13. People talk about my

14. A good friend is

15. Other kids my age

16. Boys

17. Girls

18. I worry most

19. I am happiest when

20. I hope

21. Sometimes people
