



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

**APPLICATION BY PARENT/GUARDIAN
For services by Big Brothers Big Sisters**

Name of person requesting service: _____

Relationship to child: _____ Date of request: _____

Legal guardian: _____ Email: _____

Home address: _____ Phone number: _____

Race of parent: _____ Marital status: _____

Last grade you completed: Elementary High school Trade school College

Current Employer: _____ Work phone: _____

Work address: _____

Information on child:

Name of child: _____ Birth date: _____

Sex: Male Female Race: _____

School: _____ Grade: _____ Teacher: _____

Name of absent parent: _____

Address (if known): _____

How often does the child see the absent parent?

Weekly Monthly Yearly Never Other (explain)

List all members that live in your household:

<u>Name</u>	<u>Age</u>	<u>Relationship to the child & birth date if sibling</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*If interested in services for siblings of this child, please list full name and birth date