

**Big Brothers Big Sisters in Schools**

**BIG BROTHERS/BIG SISTERS OF FLATHEAD COUNTY**  
**LUNCH PAIL PALS**  
**HIGH SCHOOL BIG APPLICATION**

First Name:	Middle Name:	Last Name:	Date of Birth:	Age
Home Address:	City:	County:	State:	Zip:
Mailing Address:				
Email:	Home Ph #:	Work Ph #:	Cell #:	
Male Female	Social Security #:	Employer: (if employed)		
Address:	City:	State:	Zip:	
Year in School	Ethnicity:			
Do you have a driver's license? ___ Yes ___ No	If yes, state of issue and #	Expiration date:		
Parents Name	Parents Employer	Parents Work Phone		

**REFERENCES**

Please type or print information requested for two references:

- 1) a teacher or school counselor who knows you well  
 2) an adult employer, co-worker or friend who has known you for at least 2 years

1. School Name:	Teacher's or Counselor's Name
Address:	City: State: Zip:
Day Phone #:	Fax #: Email:
2. Employer, Adult Coworker or Friend:	
Address:	City: State: Zip:
Day Phone #:	Fax #: Email:
Have you ever applied before (or have been) to be a Big Brother or Big Sister? Yes No	Where and When:
What, if any, other youth organizations have you worked for or been involved with as a volunteer?	

**Big Brothers Big Sisters in Schools**

---

I understand that:

- 1) The references I listed may be contacted by mail, telephone, or email;
- 2) I am in no way obligated to perform any volunteer services;
- 3) The information I provided may be used to conduct a background check, to include driving records check, criminal background check, and other records where required by local, state, or federal law for volunteers working with youth;
- 4) The BBBS agency is not obligated to match me with a youth; and,
- 5) As part of the enrollment processes, you will be asked to provide additional personal information prior to make any recommendations for assignment.

---

Signature

---

Date