



**Big Brothers Big Sisters of Livingston County**

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**High School Big Application**

First Name:	Middle Name:	Last Name:	Date of Birth:		
Home Address:		City:	County:	Zip:	Male Female
Email:	Home Ph #:		Cell Ph #:		
Employer (if employed):					
School:	Year in School:	Do you have a driver's license? ____ Yes ____ No		Ethnicity:	
Parent's Name:			Parent's Work/Cell Phone:		
Have you ever applied, or have been 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?					

I understand that:

- 1) I am in no way obligated to perform any volunteer services;
- 2) The information I provided may be used to conduct a background check;
- 3) The BBBS agency is not obligated to match me with a youth;
- 4) As part of the enrollment process, I will be asked to provide additional personal information prior to making any recommendations for assignment.

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Signature

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Date