

Big Brothers of Rhode Island

Little Brother Application

(To be filled out by Mother or Guardian)

Date: / /

Boy's Name:

Date of Birth: / /

Mother's Name:

Home Address

Street:

City:

State: Zip Code: -

Home Phone: () -

Business Phone: () -

Can you be reached at work? Yes No

What language do you speak in your home?

How much contact does your son have with his father?

Weekly Every Month Every Three Months Twice a Year No Contact Father Deceased

When was the last time he saw his father?

Father's Name:

Address:

Street:

City:

State: Zip Code: -

Phone: () -

Does your son have contact with any male on a regular basis? Yes No

(Relative, Neighbor, Boyfriend.)

Please state with whom and how much:

Please list the type of activities your son is interested in:

Does he have any physical limitations a Big Brother should be aware of?

How did you learn about Big Brothers?

Do you have any pets in your home?

Have you ever applied to Big Brothers before? Yes No

When?

Mother's Signature:

Please complete this form and return to:

Big Brothers of R.I., Inc.
3300 Pawtucket Avenue
East Providence, RI 02915