

**Little Brother Little Sister of Pennington County  
Youth Application**

**Child's Name** \_\_\_\_\_  
(First) (Middle) (Last)

Child's Date of Birth: \_\_\_\_\_ Sex:  Male  Female Race: \_\_\_\_\_ Hispanic: Y N

**Mother/Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please check if you would like to receive periodic emails regarding the program.

**Father/Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please check if you would like to receive periodic emails regarding the program.

With whom is the Child Living: \_\_\_\_\_

Family Type  Two parent  Single parent  Other relative(s)  Foster family  Other

**Other Children in Family:**

Name	Date of Birth	Living at Home (yes/no)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

**Emergency Contacts:**

In case of emergency, should we contact if we are unable to contact you?

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

## Youth Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*I like the following indoor activities:*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*I like the following outdoor activities:*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*Just about me:*

When I come home from school, I like to: \_\_\_\_\_

My favorite subject is: \_\_\_\_\_

My least favorite subject is: \_\_\_\_\_

On weekends I like to: \_\_\_\_\_

I would like to learn more about: \_\_\_\_\_

If I could go anywhere, I would go to: \_\_\_\_\_

My best sport is: \_\_\_\_\_

My hobbies are: \_\_\_\_\_

I am pretty good at: \_\_\_\_\_

When I grow up I want to: \_\_\_\_\_

If I had three wishes, I would wish for:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Parent Interview

Child's Name: \_\_\_\_\_ Parent's Name \_\_\_\_\_

### FAMILY RELATIONSHIPS

Describe your child's relationship with you: \_\_\_\_\_

\_\_\_\_\_

Describe your child's relationship with their siblings: \_\_\_\_\_

\_\_\_\_\_

Are there two parents in the home:  Yes  No

If no, how does your child feel about the absent parent? \_\_\_\_\_

\_\_\_\_\_

How often does your child see the absent parent?

Once a week  Once a month  Once every 6 months  Once every year  Never

Have you discussed having a mentor with you child:  Yes  No

How does your child feel about having a mentor: \_\_\_\_\_

\_\_\_\_\_

How do you feel your child could benefit from a mentor: \_\_\_\_\_

\_\_\_\_\_

How did you hear about the Little Brother/Little Sister Program: \_\_\_\_\_

\_\_\_\_\_

### SCHOOL

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Any discipline Problems: \_\_\_\_\_

Is there anything you would like to share about your child's school experiences: \_\_\_\_\_

\_\_\_\_\_

## PERSONALITY INFORMATION

Your child has: No friends One friend Few friends Many friends

Does your child have a special friend or friends?\_\_\_\_\_

With friends, is your child a leader or follower?\_\_\_\_\_

Does your child make friends easily or lose friendships quickly?\_\_\_\_\_

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Does your child play with:

Older children Younger children Usually girls Usually boys

Does your child enjoy being with adults: Yes No

Check what best describes your child's personality:

- |  |   |
|--|---|
| <input type="checkbox"/> Affectionate                      | <input type="checkbox"/> Unable to show love          |
| <input type="checkbox"/> A sense of humor                  | <input type="checkbox"/> Creative                     |
| <input type="checkbox"/> Usually talks about problems      | <input type="checkbox"/> Feels good about themselves  |
| <input type="checkbox"/> Aggressive                        | <input type="checkbox"/> Independent                  |
| <input type="checkbox"/> Becomes hurt easily               | <input type="checkbox"/> Shows temper easily          |
| <input type="checkbox"/> Frequently teases                 | <input type="checkbox"/> Hurts others physically      |
| <input type="checkbox"/> Enjoys being active               | <input type="checkbox"/> Friendly, outgoing           |
| <input type="checkbox"/> Withdrawn                         | <input type="checkbox"/> Does not talk about problems |
| <input type="checkbox"/> Eager to please                   | <input type="checkbox"/> Shows respect to others      |
| <input type="checkbox"/> Destructive with objects          | <input type="checkbox"/> Low opinion of themselves    |
| <input type="checkbox"/> Needs to keep active continuously | <input type="checkbox"/> Dependent upon you           |

Check all sports and other activities that your child especially enjoys:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Mechanics        | <input type="checkbox"/> Camping                        | <input type="checkbox"/> Hunting          |
| <input type="checkbox"/> Fishing          | <input type="checkbox"/> Television/Movies              | <input type="checkbox"/> Computers        |
| <input type="checkbox"/> Music            | <input type="checkbox"/> Cooking                        | <input type="checkbox"/> Animals          |
| <input type="checkbox"/> Woodcraft        | <input type="checkbox"/> Art                            | <input type="checkbox"/> Reading          |
| <input type="checkbox"/> Gardening        | <input type="checkbox"/> Helping around the house       | <input type="checkbox"/> Sports-Playing   |
| <input type="checkbox"/> Sports-Spectator | <input type="checkbox"/> Collections (rocks, coins etc) | <input type="checkbox"/> Football         |
| <input type="checkbox"/> Hockey           | <input type="checkbox"/> Baseball/Softball              | <input type="checkbox"/> Basketball       |
| <input type="checkbox"/> Swimming         | <input type="checkbox"/> Cross Country/Track            | <input type="checkbox"/> Soccer           |
| <input type="checkbox"/> Tennis           | <input type="checkbox"/> Gymnastics/Dance               | <input type="checkbox"/> Science Projects |
| <input type="checkbox"/> Arts and Crafts  | <input type="checkbox"/> Baking                         | <input type="checkbox"/> Telling Jokes    |

Other:\_\_\_\_\_

Does your child participate in any clubs, activities at school etc?  Yes  No

If so, which ones? \_\_\_\_\_

What activities is your child especially interested in? \_\_\_\_\_

Is there anything about your child that we should be aware of in order to best match your child with a Mentor? \_\_\_\_\_







***Parents, Please detach and keep this page***

**Tips for Parents on their Child's Mentor Friendship**

Until your child is grown up, you are and remain the most important person in his or her life. Without your understanding and cooperation, the Mentor cannot do the job.

Your child wants to be proud of his/her Mentor. Do not criticize this person to your child – if they do not meet your expectations, call the LBLs coordinator.

Your child wants the Mentor to be proud of them. Do not criticize your child in the Mentor's presence. A Mentor is your child's friend.

Getting together with the Mentor is something your child needs. It is not a reward for being good. Don't punish your child by taking away time with their Mentor. Remember, the Mentor is a busy person who has planned this time just for your child.

The Mentor is a person who through friendship is supposed to help your child grow. They are not a babysitter, a guardian, a cop, a disciplinarian, a teacher or gift giver.

Let the friendship grow. Do not appear jealous of the affection your child may develop for the Mentor, there is plenty for everyone. In fact, your child will probably appreciate you even more for helping to get a Mentor in the first place.

**Children Learn What They Live by Dorothy Law Nolte**

If children live with criticism, they learn to condemn.

If children live with hostility, they learn to fight.

If children live with fear, they learn to be apprehensive.

If children live with pity, they learn to feel sorry for themselves.

If children live with ridicule, they learn to feel shy.

If children live with jealousy, they learn to feel envy.

If children live with shame, they learn to feel guilty.

If children live with encouragement, they learn confidence.

If children live with tolerance, they learn patience.

If children live with praise, they learn appreciation.

If children live with acceptance, they learn to love.

If children live with approval, they learn to like themselves.

If children live with recognition, they learn it is good to have a goal.

If children live with sharing, they learn generosity.

If children live with honesty, they learn truthfulness.

If children live with fairness, they learn justice.

If children live with kindness and consideration, they learn respect.

If children live with security, they learn to have faith in themselves and in those about them.

If children live with friendliness, they learn the world is a nice place in which to live.