

BIG BROTHERS BIG SISTERS OF GREATER LOWELL SCHOOL-BASED MENTORING PROGRAM



Bristol Myers Squibb

Applicant Name: _____ Date: _____

Home Address: _____ Town: _____ St: _____ Zip: _____

Home Phone: _____ Work: _____

e-mail: _____ Fax: _____

DOB: _____ Marital Status: _____

References:

Work

Supervisor/Co-worker: _____ Phone: _____

Personal

Name (non-relative): _____ Phone: _____

In applying to be a volunteer mentor to a child I understand that I will commit one hour, on a weekly basis, to visit with my mentee at the designated school. I understand the need to make a firm commitment and that my mentee (Little Brother or Little Sister) will be depending on me each week to spend time with him or her at their school. As a mentor in this program I understand that I will help my "Little" with school work, engage in helpful interaction with my Little and be a reliable and caring friend. I consent to Big Brothers Big Sisters of Greater Lowell completing a police records check on me and I understand that to complete the screening process I will need to be interviewed and attend a 1 ½ hour training session. I understand that the agency is not obligated to give detailed reasons for non-acceptance into this program.

Applicant Signature: _____ Date: _____

Office Use Only:

Date Received: _____ References Completed: _____ Interview Date: _____

Training Date: _____ Letter: _____ Disposition: _____