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Site (School) Based Mentoring -- Little Application

Child's Name _____ Date of Birth _____ Sex ____ Race/Ethnicity _____
 Has the child been involved with the Juvenile Justice System? _____ Special Needs? _____
 School _____ Grade ____ Teacher _____
 Parent/Guardian's Name _____
 Address _____
 Home Phone# _____ Work Phone# _____ Cell Phone# _____
 Email Address _____
 Emergency Contact Name _____
 Relationship to Child _____ Phone# _____

Family Information

Living Situation: Two Parents One Parent Female One Parent Male Grandparents Other _____
 Is your family eligible for free or reduced lunch? Yes No
 Does the child have a parent in the military? Yes No
 Does the child have an incarcerated parent? Yes No
 Names & Ages of other Family Members: _____

Please list your child's Hobbies, Interests and Special Talents

Please choose one characteristic from each category to describe your child:

Circle Circle	Confident	Nervous
	Cooperative	Stubborn
	Impatient	Patient
	Outgoing	Shy

Please describe your child's typical mood and temperament: _____

In what ways do you hope your child will benefit from having a mentor? _____
