



**BIG FRIEND - LITTLE FRIEND, INC.**  
 PO Box 1101, Yankton, SD 57078 665-6365  
**VOLUNTEER APPLICATION**



**Name:** \_\_\_\_\_

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

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ (optional)

**Spouse's Name:** \_\_\_\_\_

**Church Preference:** \_\_\_\_\_ (optional)

**Do you have a valid driver's license?** \_\_\_\_\_

**Do you have a car or access to one?** \_\_\_\_\_

**How does your family feel about your participation in BF - LF?**  
 \_\_\_\_\_

**What is your opinion regarding the abuse of alcohol or drugs?**  
 \_\_\_\_\_

**Please list any clubs or organizations to which you belong:**  
 \_\_\_\_\_

**Have you ever volunteered for a youth organization?** \_\_\_\_\_  
**If yes, which ones?**  
 \_\_\_\_\_

**What aged child would you prefer? (Check One)**  
 Age 5-7       Age 8-10       Age 11-13       Age 14-17       No Preference

**How did you learn about BF - LF?**  
 \_\_\_\_\_

**Why do you want to be a Big Friend?**  
 \_\_\_\_\_

**What hobbies might you share with a Little Friend?**  
 \_\_\_\_\_

**Any additional comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Personal References:**

Please list four references whom we can contact. (ONE work reference and THREE non-family references who will be able to provide a personal profile of you.)

**WORK REFERENCE:**

Name of Supervisor/Employer \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**PERSONAL REFERENCE:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
How do you know this person? \_\_\_\_\_  
Length of time known? \_\_\_\_\_

**PERSONAL REFERENCE:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
How do you know this person? \_\_\_\_\_  
Length of time known? \_\_\_\_\_

**PERSONAL REFERENCE:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
How do you know this person? \_\_\_\_\_  
Length of time known? \_\_\_\_\_

**COMMITMENT OF APPLICANT:**

I fully understand that Big Friend - Little Friend, Inc. has certain regulations regarding conduct. If I am accepted into the program, I will, to the best of my ability, serve as an ethical role model for my Little Friend. I understand that my commitment is to contact my Little Friend on a weekly basis for one year, and at the end of one year, will continue as long as there is no reason for termination of the match. I understand that I will be temporarily suspended for reported criminal activity which, in the opinion of the Board of Directors, would be detrimental to the goals of the program. A conviction will result in my termination from the program. The information provided in this application, to the best of my knowledge, is accurate and true. I understand that the LF and their parent will have access to my file if requested.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



Have you ever been arrested for any felony or violent crime?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you received treatment in the last five years for any drug or alcohol problem?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been arrested for any alcohol violation?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been arrested for any illegal drug or substance abuse violation?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you currently have a drug or substance abuse problem?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been arrested for any firearms violation?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you now, or have you ever been, adjudged to be mentally ill or mentally incompetent?

Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to any of the above questions is YES, explain below with all applicable dates, locations and circumstances.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that all of the above information is true and correct. I understand that any false statement or omission may result in non-acceptance into the Big Friend - Little Friend, Inc. program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

If you have lived in the State of Minnesota, this document will need to be notarized before submission.

Notary (MN only):



# BIG FRIEND - LITTLE FRIEND, INC.

## CHILD/VOLUNTEER INTEREST SURVEY



Please fill out this survey so that we have a better understanding of your likes and dislikes. This information will be used to find a match that has interests similar to your own!

Please check the items that you enjoy and answer the questions on page two.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> AEROBICS            | <input type="checkbox"/> GARDENING      | <input type="checkbox"/> SKATE BOARDING                |
| <input type="checkbox"/> AIRPLANE RIDES      | <input type="checkbox"/> GO-CARTS       | <input type="checkbox"/> SKIN DIVING                   |
| <input type="checkbox"/> ARCHERY             | <input type="checkbox"/> GOLF           | <input type="checkbox"/> SLEDDING                      |
| <input type="checkbox"/> ART MUSEUMS & SHOWS | <input type="checkbox"/> GYMNASTICS     | <input type="checkbox"/> SNOWMOBILING                  |
| <input type="checkbox"/> AUTO MECHANICS      | <input type="checkbox"/> HIKING         | <input type="checkbox"/> SNOW SKIING                   |
| <input type="checkbox"/> BACKGAMMON          | <input type="checkbox"/> RIDING         | <input type="checkbox"/> SOCCER                        |
| <input type="checkbox"/> BACKPACKING         | <input type="checkbox"/> HORSESHOES     | <input type="checkbox"/> SOFTBALL                      |
| <input type="checkbox"/> BADMINTON           | <input type="checkbox"/> HUNTING        | <input type="checkbox"/> SPECIAL SHOWS (CIRCUS, RODEO) |
| <input type="checkbox"/> BALLET              | <input type="checkbox"/> ICE SKATING    | <input type="checkbox"/> SWIMMING                      |
| <input type="checkbox"/> BASEBALL            | <input type="checkbox"/> JIGSAW PUZZLES | <input type="checkbox"/> TENNIS                        |
| <input type="checkbox"/> BASKETBALL          | <input type="checkbox"/> JOGGING        | <input type="checkbox"/> TRACK                         |
| <input type="checkbox"/> BEING WITH FRIENDS  | <input type="checkbox"/> JUDO/KARATE    | <input type="checkbox"/> VIDEO GAMES                   |
| <input type="checkbox"/> BIKE RIDING         | <input type="checkbox"/> MACRAME        | <input type="checkbox"/> VOLLEYBALL                    |
| <input type="checkbox"/> BOARD GAMES         | <input type="checkbox"/> MINIATURE GOLF | <input type="checkbox"/> WATCHING MOVIES               |
| <input type="checkbox"/> BOWLING             | <input type="checkbox"/> MINI-BIKES     | <input type="checkbox"/> WATCHING TV                   |
| <input type="checkbox"/> BOXING              | <input type="checkbox"/> MODELS         | <input type="checkbox"/> WATER SKIING                  |
| <input type="checkbox"/> CAMPING             | <input type="checkbox"/> MOTOR BOATING  | <input type="checkbox"/> WEIGHT LIFTING                |
| <input type="checkbox"/> CANOEING            | <input type="checkbox"/> RIDES          | <input type="checkbox"/> WOODWORKING/CARVING           |
| <input type="checkbox"/> CARD GAMES          | <input type="checkbox"/> NINTENDO       | <input type="checkbox"/> WRESTLING                     |
| <input type="checkbox"/> CAR RACING          | <input type="checkbox"/> OPERA          | <input type="checkbox"/> WRITING POETRY                |
| <input type="checkbox"/> CHECKERS            | <input type="checkbox"/> PAINTING       | <input type="checkbox"/> WRITING STORIES               |
| <input type="checkbox"/> CHESS               | <input type="checkbox"/> GOING TO PARKS | <input type="checkbox"/> ZOO                           |
| <input type="checkbox"/> CLIMBING            | <input type="checkbox"/> PARTIES        | <input type="checkbox"/> OTHER                         |
| <input type="checkbox"/> COMPUTER GAMES      | <input type="checkbox"/> PHOTOGRAPHY    | <input type="checkbox"/>                               |
| <input type="checkbox"/> CONCERTS            | <input type="checkbox"/> PICNICS        | <input type="checkbox"/>                               |
| <input type="checkbox"/> COOKING             | <input type="checkbox"/> PING PONG      | <input type="checkbox"/>                               |
| <input type="checkbox"/> CRAFTS              | <input type="checkbox"/> PLAYING POOL   | <input type="checkbox"/>                               |
| <input type="checkbox"/> CROSS STITCH        | <input type="checkbox"/> POTTERY        | <input type="checkbox"/>                               |
| <input type="checkbox"/> DANCING             | <input type="checkbox"/> RACQUETBALL    | <input type="checkbox"/>                               |
| <input type="checkbox"/> DOMINOS             | <input type="checkbox"/> READING BOOKS  | <input type="checkbox"/>                               |
| <input type="checkbox"/> DRAMA / THEATRE     | <input type="checkbox"/> RIFLERY        | <input type="checkbox"/>                               |
| <input type="checkbox"/> DRAWING             | <input type="checkbox"/> RIVER RAFTING  | <input type="checkbox"/>                               |
| <input type="checkbox"/> EATING OUT          | <input type="checkbox"/> ROLLER SKATING | <input type="checkbox"/>                               |
| <input type="checkbox"/> ELECTRONICS         | <input type="checkbox"/> SAILING        | <input type="checkbox"/>                               |
| <input type="checkbox"/> FISHING             | <input type="checkbox"/> SEWING         | <input type="checkbox"/>                               |
| <input type="checkbox"/> FOOTBALL            | <input type="checkbox"/> SHOPPING       | <input type="checkbox"/>                               |
| <input type="checkbox"/> FRISBEE             | <input type="checkbox"/> SINGING        | <input type="checkbox"/>                               |

What are your favorite things to do?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Do you play a musical instrument? If so, what instrument(s)?

\_\_\_\_\_

What kind of music do you like?

- |                                    |                                    |  |
|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Classical | <input type="checkbox"/> Rap       | <input type="checkbox"/> Alternative/Progressive |
| <input type="checkbox"/> Rock      | <input type="checkbox"/> Jazz      | <input type="checkbox"/> Big Band                |
| <input type="checkbox"/> Country   | <input type="checkbox"/> Bluegrass | <input type="checkbox"/> Soul                    |
| <input type="checkbox"/> Folk      | <input type="checkbox"/> Blues     | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> Pop       | <input type="checkbox"/> New Age   | _____  |

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_