

Cape Fear Volunteer Center
925 South Kerr Ave.
Wilmington, NC 28403
(910) 392-8180
E-Mail: big buddy@ bell south.net

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Confidential Application to obtain a Big Buddy

Name _____
(Last Name) (First Name) (Middle Initial)

Address _____
(City) (State) (Zip)

Home Phone Number (_____) _____ SS# _____

Age _____ Birth Date _____ Sex _____ Race _____

Religious preference _____

School _____ Grade _____

Names and Ages of Brothers and Sisters _____

Parent / Guardian's Name _____

Parent / Guardian's Employer and Address _____

Can you be contacted at Work? _____ Yes _____ No

Work Phone Number (_____) _____ Work Hours _____

Combined Household Income (please circle the answer that best describes) Unemployed
4,000 and below 5,000-10,000 11,000-20,000 21,000-30,000
21,000-30,000 31,000-40,000 41,000-50,000 51,000+

Were you referred to our program? _____ Yes _____ No

If yes, who were you referred by _____
(Name) (Agency)

How did you learn about the Big Buddy Program? _____

Please answer all of the following questions. This information is very important when it comes to matching your child with a Big Buddy.

Are there any other adults that spend time with the child on a frequent Basis? _____

Why does he/she need a Big Buddy? _____

What Kind of person would be best for the child? (Example: Active, Easy-going, Etc.) _____

Do you have a preference:

Age of the Big Buddy? _____

Race of the Big Buddy? _____

Religion of the Big Buddy? _____

Give a brief description of the child including his/her Strengths _____

Any problems which we should know about (Medical, Physical, Mental, Etc.) _____

How is the child doing in school? _____

How does the child get along with other children? _____

What hobbies and activities does the child enjoy? (Examples: Reading, Skating, Etc.) _____

Does the child belong to any other youth organizations? _____ Yes _____ No

If, yes please list the organizations (Examples: Boy Scouts, Girls Inc., Etc.) _____

Answer if the Father / Mother is not in the home:

Number of years Father / Mother has been out of the home _____

Does child visit Father / Mother _____ Yes _____ No

If yes, how frequently _____

Court Status:

Is your child known to the Juvenile Court? _____ Yes _____ No

If yes, give the name of his/her court counselor _____

Do you leave with in the city limits? _____

As parent or legal guardian of _____, I grant my permission for him/her to participate in the Big Buddy Program. Further I do release Cape Fear Volunteer Center and its agents, employees, and volunteers from any claim, which I now have or might have here and after arising from the Big Buddy Program.

Signature of Parent/Guardian

Date

Witness

Date

Does your child receive Free or Reduced Lunch? ___ Yes ___ No

If yes, please fill out the below information!

Child's Name _____
(First) (Middle) (Last)

School _____ Grade _____

I, (Parent/Guardians Name) _____, do hereby authorize Family Services' Big Buddy Program to verify with the New Hanover County School System that my child receives free or reduced Lunch.

(Parent/Guardians Signature)

(Date)

