

Big Sib Youth Mentorship Program Application

- Applicant must be **12-17** years of age, or have not graduated high school
- Program Application must be completed & **signed by parent/guardian**
- Submit in **Vestibule Lockbox**, OR to **Mae Riojas & Brea Aguas(SBYAG)**
OR digitally at sbyag.stm@gmail.com (*with parent signature*)

NAME: _____ GENDER: M / F AGE: _____

EMAIL: _____ BIRTHDAY(MM/DD/YY): _____

CELL: _____ SCHOOL: _____ GRADE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ALLERGIES/MEDICAL NEEDS: _____

OPTIONAL: RELIGION: _____ PARISH: _____

What do you expect from this program? Please rank the following on a scale of 1-5.

	Not as Important		Important		Very Important
New Friends	1	2	3	4	5
Spiritual Growth/Reflection	1	2	3	4	5
Community Service	1	2	3	4	5
Prayer Life	1	2	3	4	5
Church Catechism	1	2	3	4	5
Relationship with God	1	2	3	4	5
Questions on Faith	1	2	3	4	5
Fellowship	1	2	3	4	5
Community Involvement	1	2	3	4	5
Others? (<i>optional</i>) _____					



Please answer the following questions to the best of your ability so we may better assist you in finding the best **Big Brother** or **Big Sister** for you!



What kind of organizations/groups are you involved in? Please list:

What interests you? Tell me about your hobbies/special talents:

Tell me your favorites!

Music/Genre? _____

Color? _____

Book? _____

Saint? _____

Food? _____

Movie(s)/Genre? _____

Dessert? _____

Holiday? _____

Sport? _____

TV Show? _____

Do you speak any other languages? _____

Would you prefer to have a **Big Brother**, a **Big Sister**, or **No Preference**? (*Circle One*)

Is there anything else that you would like to share with us that will help us to place you with a **Big Sibling** to best meet your needs?

Parent/Guardian Name

Parent/Guardian Signature

Date

Parent/Guardian Email

Parent/Guardian Phone #