

GUSTAVUS

GUSTAVUS ADOLPHUS COLLEGE

Big Partner Application For RETURNING Big Partners 2011-2012

Name: _____

Gender: ____M ____F

Year in School: ____1 ____2 ____3 ____4 ____5

Phone Number: _____

E-mail: _____

Do you wish to have the same Little Partner? ____Yes ____No

If yes, provide the **first and last name** of the Little Partner: _____

If no, please explain why:

If for extenuating circumstances, you need to be paired with a new Little Partner, please answer the following questions: (Please fill out this portion even if you are requesting the same Little Partner.)

What age group would you prefer? Please rank your choices.

____ K-2nd (5-8 yrs old) ____ 3rd–5th (9-11 yrs old) ____ No preference

Are you comfortable working with a child of the opposite sex? Yes No

Do you have access to a car? ____ Yes ____ No ____ Sometimes (explain) _____

Please list any languages other than English that you are comfortable speaking: _____

If you are taking/have taken courses to learn this language, what is the highest level you have completed? _____

Provided the child speaks English, do you want to work with a child who may come from a diverse cultural tradition and whose family may not speak English as a first language?

____ Yes ____ No

Some of our Little Partners have varying degrees of special needs with most falling into the category of complex family situations and emotional/behavioral problems such as ADHD. Do you have experience and/or would you like to work with a Little Partner with special circumstances? Please note: A heightened level of commitment may be associated with checking yes.

____ Yes ____ No

(MORE ON BACKSIDE!)

Comments or concerns you have about working with a high priority child:

What other activities/sports/organizations will you be involved with during the 2011-2012 academic year?

Please briefly describe your general interests and/or hobbies:

I, _____, understand that the information on this application will be shared with Gustavus Student Coordinators, Center for Servant Leadership staff, and appropriate professional staff. I understand that signing this will allow the parent and/or legal guardian of my Little Partner to request to read this application if they wish. In addition, I authorize a *background check* to be executed and acknowledge that I may not be allowed in the program based on the results of the background check.

Signature

Date

Please return this application FULLY COMPLETED to the Center for Servant Leadership
by Tuesday, September 20, 2011

Any questions: Contact Elise Rosenow, Student Communication Coordinator, at
erosenow@gustavus.edu.

****Please remember that this is a year long commitment and that trainings are mandatory.**

Thank you for your continued service.