

IPC CLINIC BIG BUDDY/LITTLE BUDDY PROGRAM APPLICATION

Name:_____

SOM___ **SPH**___ **SON**___ **Other (specify)**_____ **Year**_____ **Sex: Male**___ **Female**___

Email:

Phone #:

Address:

Do you have a car?

Do you have an age preference?

Do you have any preferred arrangements other than the standard one-to-one big buddy/little buddy arrangement?

Why are you interested in this program?

What kind of experience do you have in working with children, if any?

What are your expectations for the program?

What are your concerns regarding participating in this program?

What are your hobbies/interests?

What are your ideas for activities that you might do with your little buddy?

Can you commit at least 2 years to your little buddy?

Thank you for your interest!

You can bring this form to the introductory meeting or email the completed form to mstewa27@gmail.com. There will also be an opportunity to complete the application immediately following the meeting. If you have any questions, feel free to e-mail Miriam at mstewa27@gmail.com or Kumar at kumar.senthil@jhmi.edu.