



BIG BROTHERS BIG SISTERS OF SAGINAW BAY AREA

www.sagbaybbbs.org

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1308 Columbus Ste., 106 Bay City, MI 48708 PH: 894-0614
Fax: 989-895-0510

MENTOR APPLICATION

First Name:		Middle Name:		Last Name:		Date of Birth:		
Home Address:				City:		County:	State:	Zip:
Email:				Home Ph #:		Cell Ph#:		Work Ph#:
Male <input type="checkbox"/>	Race:	Marital Status:		Social Security #:				
Female <input type="checkbox"/>								
Employer:				Occupation / Position:				
May We Contact You At Work: ____ Yes ____ No		Work Hours:		Church You Attend:				
If a student, list high school or college:				Highest Level of Education:				
Possession of a driver's license is not a requirement to participate in any of our programs but is required if you will be transporting a youth in any vehicle you are operating. Copies of driver's license and proof of auto insurance are required.								
Do you have a driver's license? ____ Yes ____ No		If yes, state of issue and #:				Expiration date:		
Do you have auto insurance? ____ Yes ____ No		If yes, Company:				Expiration Date:		
What are the dollar limits for Bodily Injury?				Property Damage?				

How did you learn about Big Brothers Big Sisters?

References: List the names, complete addresses and phone numbers of four references (not relatives) who have known you at least **2 years** and include the nature of your relationship with each. If you have recently moved to the area, out of town references are acceptable. (Please Print)

1. Name (of high school if student):		Relationship: (or teachers name if student):			
Address:		City:		State:	Zip:
Day Phone #:		Email:			
2. Name:		Relationship:			
Address:		City:		State:	Zip:
Day Phone #:		Email:			

