



COMMUNITY PROGRAM
VOLUNTEER MATCH PREFERENCE QUESTIONNAIRE

Please give careful thought to your answers so that we may do our best in matching you.

GENDER: Please check your preference.

Little Brother Little Sister No Preference

AGE: You may have a preference as to age of the your Little Brother-Little Sister. Please check all ages that would be acceptable to you

5-7 8-9 10-13 14-16 Any age

ETHNIC GROUP: Please check with which ethnic groups you would like to be matched.

African American Caucasian Native American Hispanic
 Asian Indian Multi Racial Other
 No preference

RELIGION: Please check your preference

Strong religious convictions No religious beliefs No preference

FAMILY STATUS: Do you have a family situation preference

Single Parent Two Parent No Preference

LOCATION: Which locations would you be willing to travel to pick-up your Little?

DeKalb Sycamore Genoa Sandwich
 Waterman Cortland Hinckley Kingston No preference

CHALLENGE AREAS: A child may have a special problem, may have a different lifestyle or value system from your own. Some situations may be more difficult for you to handle than others. Please check all behaviors or conditions that would be personally **difficult** for you to work with in a match relationship.

PHYSICAL CHARACTERISTICS:

Physical Handicaps Poor Coordination Physically Immature
 Vision Problem Speech Problem Hearing Problem
 Terminal Illness

BEHAVIORS:

- | | | |
|---|--|--|
| <input type="checkbox"/> Angry/Aggressive | <input type="checkbox"/> Gang Affiliated | <input type="checkbox"/> Manipulates/Lying |
| <input type="checkbox"/> Attention Deficit Disorder (ADD) | <input type="checkbox"/> Tests Limits | <input type="checkbox"/> Poor Hygiene |
| <input type="checkbox"/> Low Energy | <input type="checkbox"/> High Energy | |

PARENT / HOME SITUATIONS

PARENT:

- | | | |
|--|--|--|
| <input type="checkbox"/> Alcohol/Substance Abuse | <input type="checkbox"/> Homosexual | <input type="checkbox"/> Mismanages Income |
| <input type="checkbox"/> Demanding | <input type="checkbox"/> Over Protects | <input type="checkbox"/> Disinterest |
| <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Irresponsible / Negligent | <input type="checkbox"/> Chronic Smoking |

HOME SITUATION:

- | | | |
|--|--|---|
| <input type="checkbox"/> Dirty Home | <input type="checkbox"/> Low Income Family | <input type="checkbox"/> No Telephone |
| <input type="checkbox"/> Child / Parent Conflict | <input type="checkbox"/> Sibling / Peer Jealousy | <input type="checkbox"/> Moves Frequently |
| <input type="checkbox"/> Child / Parent Terminally ill | <input type="checkbox"/> Chronic Smoker in home | |

PERSONALITY:

- | | | |
|---|---|---|
| <input type="checkbox"/> Shy / withdrawn | <input type="checkbox"/> Shown No Affection | <input type="checkbox"/> Poor self-esteem |
| <input type="checkbox"/> Peer Problems | <input type="checkbox"/> Over Affectionate | <input type="checkbox"/> Emotionally Immature |
| <input type="checkbox"/> Emotionally Abused | <input type="checkbox"/> Sexually / Physically Abused | |

EDUCATIONAL CHARACTERISTICS:

- | | |
|---|--|
| <input type="checkbox"/> Learning Handicaps | <input type="checkbox"/> Poor School Performance |
| <input type="checkbox"/> Exceptionally Bright | <input type="checkbox"/> Poor Concentration |

Should the child need academic encouragement, list the subject areas in which you could / would be willing to provide assistance:

