



Big Brothers Big Sisters
of Massachusetts Bay

**2009 Big of the Year
NOMINATION**

**DEADLINE TO TURN IN NOMINATION FORMS
Tuesday, January 6, 2009**

NAME OF PERSON COMPLETING FORM:

BIG BROTHER/BIG SISTER'S NAME:

LITTLE BROTHER/LITTLE SISTER'S INFORMATION:

LITTLE'S NAME:

LITTLE'S AGE:

LITTLE'S STREET ADDRESS:

LITTLE'S CITY, STATE ZIP:

LITTLE'S SCHOOL:

LITTLE'S GRADE:

LITTLE'S PARENT/GUARDIAN:

LITTLE'S PHONE NUMBER:

For office use only

DATE OF MATCH:

NOMINATOR:

Please use as many additional pages as necessary to answer the following questions. Feel free to add additional information to describe how the Big's friendship has been so important in your child's life.

1. Describe why the Little Brother or Little Sister became involved with Big Brothers Big Sisters of Massachusetts Bay:

2. What makes this Big Brother or Big Sister special? Please provide stories, examples and quotes.

3. In what ways has he/she had a positive effect on the Little Brother or Little Sister?

4. Comments from the Parent/Guardian/Little:

Please click the SUBMIT FORM button to email completed form to: mneville@bbbsmb.org

NOTE: You will NOT be able to save the form to your computer. Clicking the submit button sends the form to us via email.
If you would like to keep a copy of this form for your records, please use the print option.

Thank you for your submission.