



Lunch Buddies Program

CHILD APPLICATION

NAME: _____

AGE: _____ BIRTHDAY: _____

SCHOOL: _____ GRADE: _____

1. Would you like to have a Lunch Buddy?

YES _____ NO _____ NOT SURE _____

2. What do you think a Lunch Buddy is?

3. What kinds of things would you like to do with a Lunch Buddy?

4. What kinds of things would you not like to do with a Lunch Buddy?

5. What are the best things about you?

6. What would you like to improve about yourself?

7. If you could have three wishes, what would they be?

1. _____

2. _____

3. _____

8. What do you want to be when you grow up?

9. What should we tell a person interested in being your Lunch Buddy about you?

Signature: _____