



Big Brothers Big Sisters of Southwestern New Mexico
 1832 W. Amador, Las Cruces, NM 88005
 T:(575) 523-9530 F: (575)523-9531

LITTLE BROTHER/LITTLE SISTER APPLICATION

We are sending you this application form in response to your request for a Big Brother/Big Sister for your child. Please complete this application and return it to the address above. If you have difficulty completing this form, please call the office at 523-9530, and we will assist you. There is no fee for our services and your income will not be considered in determining your child's eligibility.

DATE ____/____/____

Name of Child _____ Parent's Name _____
 Address _____ City _____ State _____ Zip _____
 Age _____ Date of Birth ____/____/____ Ethnic Background _____
 Sex _____ Phone () _____ - _____ Religion _____
 School Attending _____ Grade _____

If your child has any siblings, relatives, or friends in the program, please give their names:

Referral Source: (Check one that applies)

- | | | |
|--|---|--|
| <input type="checkbox"/> Board/ Staff | <input type="checkbox"/> Faith Organization | <input type="checkbox"/> Media |
| <input type="checkbox"/> Foster Home | <input type="checkbox"/> Legal System | <input type="checkbox"/> Counselor/ Therapist |
| <input type="checkbox"/> Special Event | <input type="checkbox"/> Relative School | <input type="checkbox"/> Self friend/Neighbor |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Web Link | <input type="checkbox"/> Service Organization |
| | | <input type="checkbox"/> Workplace/ Business Partner |

What is your living situation?

- | | | |
|---|--|--|
| <input type="checkbox"/> Two parent household | <input type="checkbox"/> Foster Home | <input type="checkbox"/> One Parent: <input type="checkbox"/> Female <input type="checkbox"/> Male |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Sibling Guardian | <input type="checkbox"/> Other relative of child (non-parent) |
| <input type="checkbox"/> Institution | <input type="checkbox"/> Grandparents | <input type="checkbox"/> Two Mothers |
| <input type="checkbox"/> Two Fathers | <input type="checkbox"/> Two Parents Not Married | <input type="checkbox"/> Other _____ |

Parent's Place of Employment	Is Parent Receiving Income Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone: Cell Phone:	Work Phone:	Email:
Best time to call:	Receiving Free/Reduced school lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent Ethnicity:

What is the yearly income of your family? (Select one)

- | | | |
|--------------------------|-------------------------|-------------------------|
| Less than \$10,000 _____ | \$25,000-\$29,999 _____ | \$45,000-\$49,999 _____ |
| \$10,000-\$14,999 _____ | \$30,000-\$34,999 _____ | \$50,000-\$54,999 _____ |
| \$15,000-\$19,999 _____ | \$35,000-\$39,999 _____ | \$55,000-\$59,999 _____ |
| \$20,000-\$24,999 _____ | \$40,000-\$44,999 _____ | Over \$60,000 _____ |

Child's Social Security # ____ - ____ - ____ Parent's Social Security # ____ - ____ - ____

ABSENT PARENT INFO

Name _____ Home Phone () _____ - _____
 Address _____ City _____ State _____ Zip _____

We have a special program for children of incarcerated parents. Would this program apply to your child? Yes No

PARENT/YOUTH PRE-INTERVIEW QUESTIONNAIRE

1. What is the primary reason for you wanting your child to have a Big Brother/Big Sister?

2. Does your child have any medical conditions that might affect him or her participating in activities with a Big Brother/Big Sister? _____ Yes _____ No

If yes, please describe:

3. Is there a person who shares custody of this child? _____ Yes _____ No
If yes, are they aware of the child's enrollment in BBBS? _____ Yes _____ No

4. Do you anticipate any significant life changes over the next year or have you had any in the past year? _____ Yes _____ No

If yes, please explain: _____

I give my permission for my child, _____, to participate in the Big Brothers Big Sisters program. I understand that the BBBS agency is not obligated to match my child with a volunteer and that as part of the enrollment process I will be asked to provide additional personal information. If my child is matched with a Big Brother or Big Sister I agree to support my child's match and to immediately report any concerns I might have to the Big Brothers Big Sisters staff.

Signed: _____ Date: _____



Little Brother/Little Sister Interest Matching Form

Name _____ Date _____ Age _____

Put a "Y" by those things you like to do and an "L" by those things you want to learn.

Sports	Soccer _____	Science & Mechanics	Rocks & Minerals _____
Archery _____	Softball _____	Auto Repair _____	Stamps _____
Badminton _____	Swimming _____	Astronomy _____	Souvenirs _____
Baseball _____	Target Practice _____	Chemistry _____	Other Things
Basketball _____	Tennis _____	Electronics _____	Baking _____
Boating _____	Track _____	Engines _____	Board Games _____
Bowling _____	Volleyball _____	Missiles & Rockets _____	Cooking _____
Boxing _____	Water Skiing _____	Radio Building _____	Card Games _____
Cheerleading _____	Weight Lifting _____	Tools _____	Checkers _____
Diving _____	Wrestling _____		Chess _____
Dodge Ball _____	Outdoor Life & Activities	Arts & Crafts	Computers _____
Football _____	Animals _____	Ceramics/Clay _____	Dancing _____
Frisbee _____	BB Guns _____	Coloring _____	Dominoes _____
Go-Karts _____	Bike Riding _____	Cross Stitch _____	Electric Trains _____
Golfing _____	Birds _____	Drawing/Painting _____	Going to Movies _____
Handball _____	Camping _____	Indian Bead Work _____	Listening to Music _____
Hockey _____	Fishing _____	Leather Craft _____	Musical Instruments _____
Horseback Riding _____	Gardening _____	Scrap Booking _____	If Yes, What Kind? _____
Horseshoes _____	Hiking _____	Model Building _____	Photography _____
Jogging _____	Hunting _____	Sewing _____	Puzzles _____
Miniature Golf _____	Insects _____	Tin Can Craft _____	Reading _____
Motorcycles _____	Jump Roping _____	Woodworking _____	Shopping _____
Ping Pong _____	Kites _____	Collecting	Sight Seeing _____
Pool (Billiards) _____	Picnics _____	Autographs _____	Singing _____
Racquetball _____	Snakes _____	Coins _____	Video Games _____
Rollerblading _____	Stars _____	Dolls _____	List any other things _____
Roller Skating _____	Trees & Leaves _____	Match Covers _____	_____
Skateboarding _____	Walking _____	Pictures _____	_____

My three favorite activities are: _____

Other things I like are: _____

I especially don't like: _____

Do you have any pets? If so, what kind _____

FOR LITTLE BROTHERS AND SISTERS ONLY:

I would like to have a Big Brother/Big Sister because: _____

Would you rather play in groups _____ Play alone _____ Play with only one person _____



Big Brothers Big Sisters
of Southwestern New Mexico

1832 W. Amador
Las Cruces, NM 88005
Office (575) 523-9530
Fax (575) 523-9531

**BIG BROTHERS BIG SISTERS OF SOUTHWESTERN NEW MEXICO
PERMISSION AND RELEASE**

Dear Parent or Guardian,

We are happy that you have decided to let your child participate in events organized by Big Brothers Big Sisters of Southwestern New Mexico, Inc., (hereinafter referred to as “BBBS”). We intend for this to be a supportive and enjoyable experience for your child, and hope that you will share any thoughts you may have regarding how we can make our program even better. Before your child can participate in any activity sponsored by BBBS, this permission and release form must be ready carefully, signed and returned to our office.

On behalf of myself, my child and anyone who may represent us, I hereby agree to release BBBS as follows:

1. I understand that activities sponsored by BBBS include transportation to and from events, horseback riding, skiing, ice skating, football, rugby, rock climbing, river rafting, swimming, and other high risk sports and activities. This list of activities is not exhaustive, but only a general summary of the types of activities my child may participate in. I also understand that these activities may be dangerous, presenting a risk of injury or death. I agree to inform BBBS if there is a particular activity that my child should not participate in.
2. My child has my permission and consent to receive transportation and to participate in any of the activities sponsored by BBBS unless I inform BBBS otherwise. I, _____, as the parent/guardian of _____, agree to accept the risks of my child’s participation. I also understand and recognize that BBBS assumes no legal and financial liability for any injury from transportation or the participation in agency sponsored activities.
3. The participation of my child in BBBS activities is purely voluntary. As parent or guardian, I hereby release, discharge, and agree to hold harmless and indemnify BBBS from any and all liability, claims, demands, actions, or rights of action, which are related to, arise out of, or any in any way connected with transportation or participation in agency sponsored activities.
4. I have carefully read the foregoing and understand and agree that I rely wholly upon my *own* judgment and not upon any statement or representation of those persons released herein.

Name of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Print Name of Child

Address

City, State

Phone



Big Brothers Big Sisters of Southwestern New Mexico

IN CASE OF EMERGENCY WHO SHALL WE CONTACT

Name _____ Relationship _____ Phone () _____ - _____

Name _____ Relationship _____ Phone () _____ - _____

Name _____ Relationship _____ Phone () _____ - _____

Please feel free to add any additional information you would like to share at this time. Please use additional sheets if more space is needed.

I understand that no fees are charged for requesting a Big Brother Big Sister for my child. I understand that Big Brothers Big Sisters of Southwestern New Mexico does not discriminate on the basis of race, sex, religion, disability or other criteria protected by Federal and State discrimination laws. I likewise understand that the Big Brother Big Sisters volunteer assumes no legal or financial liability.

Date ____/____/____

Waiver Signature of Parent or Guardian

PHOTOGRAPHY AND MEDIA RELEASE FORM

Once your child has been accepted as a Little Brother or Little Sister, there may be times when he/she attends our group functions. We may want to photograph videotape or film your child during these or other Big Brother Big Sister occasions. If this is acceptable to you, please mark the "yes" response and sign the form below. If you would not approve of having your child's picture used for public relations or recruitment purposes, mark the "no" response and sign below.

_____ Yes. I, the undersigned individual, assign the absolute right to copyright and/or reproduce and/or publish at any time in any form or media the photographs, film, or videotape produced of my child to Big Brothers Big Sisters of Southwestern New Mexico.

_____ No. Please do not use my child's photograph for your publicity or recruitment efforts.

Child's Name _____

(Please Print Clearly)

Parent or Guardian's Name _____

(Please Print Clearly)

Date ____/____/____

Signature of Parent or Guardian



United Way Funded Partner



Big Brothers Big Sisters
of Southwestern New Mexico

1832 W. Amador
Las Cruces, NM 88005
Office (575) 523-9530 * Fax (575) 523-9531

CONFIDENTIALITY POLICY

TO BE READ AND SIGNED BY ALL INDIVIDUALS INVOLVED WITH THE AGENCY

Access to Confidential Records

In order for BBBS of Southwestern New Mexico to provide a responsible and professional service to clients it is necessary for volunteers, clients, and parents or guardians of clients to be asked to divulge extensive personal information about themselves and their families. The agency respects the confidentiality of client and volunteer records and, with the exception of situations listed below, shares information about clients and volunteers only among the agency professional staff. The right to confidentiality applies not only to written records but also to video, film, pictures, or use of client or volunteer's name in agency publications. Likewise, volunteers and parents or guardians are required to honor the principle of confidentiality about each other and about the child. Volunteers are not to share information about the child, his/her family and agency staff with friends, family, acquaintances or the media. For the parent or guardian, information about the volunteer and agency staff is not to be shared in a like manner. For complaints and concerns BBBS of Southwestern New Mexico has a Grievance Procedure.

All records are considered the property of the agency and not the agency workers or clients or volunteers themselves. In order to provide a service that is in the best interest of the children served by the program, information from outside sources, including confidential references must be assessed along with information gained from the clients or volunteers themselves. Records will be kept in locked file cabinets. Records are not available for review by the clients or volunteers. Clients and volunteers shall be provided, at the time of application, a copy of this statement on confidentiality along with the exceptions that define the limits of confidentiality. All clients and volunteers shall sign a statement they have read and understand the agency policy on confidentiality and agree to program participation.

Limits of Confidentiality

1. Information will be released to other individuals or organizations only upon presentation of an authorized "consent to release information" form appropriately signed by the client or volunteer.
2. Identifying information regarding clients and volunteers may be used in agency publications or promotional materials if the client or volunteer has given permission.
3. For purposes of program evaluation, audit, or accreditation, and with the prior approval of the Board of Directors, certain outside bodies such as Big Brothers Big Sisters of America may have access to client and volunteer records. These outside organizations shall be required to respect the agency policy on confidentiality. Outside parties shall be required to use information only for the purpose(s) stated in the approval action of the Board of Directors. Known violations of agency confidentiality policy will be reported to the supervisor of the individual involved and appropriate disciplinary action shall be requested.
4. Members of the Board of Directors have access to client files only upon authorization by formal motion of the Board of Directors. The motion shall state who shall be authorized to review records, the specific purpose for such review and the period of time during which access shall be granted.

Members shall be required to comply with the agency policies of confidentiality and may use the information only for purposes stated by the approved action of the Board of Directors. Known violations shall be reported to the Board President. A violation of the agency's confidentiality policy by a Board Member shall constitute adequate cause for removal from office.

5. Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.
6. Information shall be provided to an agency's legal counsel in the event of litigation or potential litigation involving the agency. Such information is considered privileged information, and its confidentiality is protected by law.
7. State law mandates that suspected child abuse be reported to the appropriate authorities, the New Mexico Children, Youth and Families Department. All workers are responsible for staying abreast of such reporting requirements of their respective jurisdiction and shall always comply with mandated procedures.
8. If an agency worker receives information indicating that a client or volunteer may be dangerous to himself or herself or to others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or a report to the local law enforcement authorities.

I have read and understand the above document, which states the agency policy with respect to confidentiality of client and volunteer records. I agree to program participation under the conditions it sets forth.

Client's/Volunteer's Name

Date

Staff/Board Member's Name

Date



United Way Funded Partner



Big Brothers Big Sisters
of Southwestern New Mexico

1832 W. Amador
Las Cruces, NM 88005
Office (575) 523-9530
*Fax (575) 523-9531

STATEMENT OF CLIENT’S RIGHTS

The Client is any child or volunteer enrolled in the Big Brothers Big Sisters of *Southwestern New Mexico* Program.

1. The Client has the right to be treated with dignity and respect at all times.
2. The Client has the right to freedom of thought, conscience and religion.
3. The Client has the right to receive appropriate adult guidance, supervision and support.
4. The Client has the right to have his/her opinions heard and to be included, when deemed appropriate, in any decisions made affecting his/her program involvement.
5. The Client has the right to humane treatment and to be protected from emotional, physical, and/or sexual abuse and neglect.
6. The Client has the right to terminate services at any time.

I, the undersigned, acknowledge that I have read and understand the Statement of Client’s Rights.

Volunteer/Parent/Legal Guardian

Date



United Way Funded Partner



Big Brothers Big Sisters
of Southwestern New Mexico

1832 W. Amador
Las Cruces, NM 88005
Office (575) 523-9530
*Fax (575) 523-9531

CLIENT GRIEVANCE PROCEDURE

Big Brothers Big Sisters of Southwestern New Mexico has a responsibility and duty to be responsive to the concerns of its volunteers, clients and parents or guardians. It is expected that most complaints will be handled during the course of intake and supervision contact with the assigned Match Support Specialist. However, if a satisfactory resolution can not be determined through this normal process, a formal grievance can be filed according to the following procedures.

The volunteer, client or the parent/guardian may file a grievance with the Program Director, who will document the grievance in writing and provide a copy of this report to the Executive Director.

The Program Director will investigate the grievance, talking to all parties concerned. The Program Director's findings are to be reported to the Executive Director at the earliest possible time and a course of action is determined. The Program Director will inform all parties concerned about the action taken.

If the grievance is against the Program Director, the Executive Director will receive the initial complaint, conduct the investigation and inform concerned parties of the action taken.

If there is suspicion of abuse or neglect of a client, a report must be made to the Executive Director immediately, whether or not a client voices the complaint. The Executive Director will immediately investigate the allegation and take appropriate legal action.

The grievance report and a summary of the action taken will be maintained on file.

Each volunteer, client and parent/guardian shall receive a copy of the grievance procedure at the time of the intake interview.

I have read and understand the above document, which details the grievance procedure available to me.

Volunteer/Parent/Legal Guardian

Date



United Way Funded Partner