



Big Brothers Big Sisters of Southwestern New Mexico

1832 W. Amador *Las Cruces, NM 88005

(575) 523-9530 *(575) 523-9531

VOLUNTEER PRE-ENROLLMENT

Please Print Clearly

Note: Volunteers are not required to submit a formal application prior to the in-person interview. Rather, they provide certain identifying and demographic information, list references, and give consent for the agency to conduct a criminal background check. The information to be collected as represented on this form may be collected through a variety of means, e.g. separate criminal background consent form, directly entering volunteer demographic data into a database, etc. Also, if previously involved with another BBBS organization or youth organization, these will be contacted to verify individual's involvement.

First Name:		Middle Name:	Last Name:		Date of Birth:
Home Address:			City:	County:	State: Zip:
Mailing Address:			City:	County:	State: Zip:
Email Address:		Home Phone:	Cell Phone:		FAX:
Male Female	Social Security #:		Ethnicity:	Marital Status:	Highest Level Of Education:
Employer:		Address:			City:
State:	Zip:	Occupation:		Work Phone:	
Can We Contact You At Work: _____ Yes _____ No			Work Hours:		How Long Employed:
Possession of a Driver's License is not a requirement to participate in any our programs but is required if you will be transporting a youth in any vehicle you are operating.					
Do you have a Driver's License? _____ Yes _____ No		If yes, state of issue and #:		Expiration Date:	

References

Please type or print information requested for three references: 1) your current or past employer who has known you for at least 1 year; 2) a co-worker, friend or neighbor who has known you for at least 2 years; and 3) a close family member (spouse/domestic partner) or a second friend who has known you for at least 3 years.

1. Employer's Name (or school if student):		Supervisor's Name (or teacher if a student):			
Address:		City:	State:	Zip:	
Day Phone #:		Fax Phone #:		Email:	
2. Coworker or Friend or Neighbor:					
Address:		City:	State:	Zip:	
Day Phone #:		Fax Phone #		Email:	
3. Spouse/Domestic Partner/Friend:					
Address:		City:	State:	Zip:	
Day Phone #:		Fax Phone #		Email:	

Continued on back

Have you ever applied to be a Big Brother Big Sister? _____ Yes _____ No	Where and When:
What, if any, other youth organizations have you worked for or been involved with as a volunteer?	
Have you ever been involved before with Big Brothers Big Sisters in a capacity other than a Big? _____ Yes _____ No	Where and When:

Please list all residences from current back for the last 5 years. The information you provide will be used to conduct a criminal records background check through various local, state, and national databases.

Current Home Address:	City:	County:	State:	Zip:
From:		To:		
Most Previous Home Address:	City:	County:	State:	Zip:
From:		To:		
2 nd Most Previous Home Address:	City:	County:	State:	Zip:
From:		To:		
3 rd Most Previous Home Address:	City:	County:	State:	Zip:
From:		To:		

I understand that:

- 1) The references I listed may be contacted by mail, telephone, or email;
- 2) I am in no ways obligated to perform any volunteer services;
- 3) The information I provided may be used to conduct a background check, to include driving records check, criminal background check, and other records where required by local, state, or federal law for volunteers working with youth;
- 4) The BBBS agency is not obligated to match you with a youth; and
- 5) As part of our enrollment process, we will be asking you to provide additional personal information prior to make any recommendations for assignment.

Signature

Date



United Way Funded Partner

VOLUNTEER PRE-INTERVIEW QUESTIONNAIRE

Prior to your in-person interview, we would like you to answer the questions below. Parents of youth in our programs will often ask us questions about someone with whom their child will be matched. We will only release information to a parent with your expressed permission. The information you give will also help us make a better match for you and assure we can support you during your involvement with our programs.

Your Name: _____ Date: _____

1. Would you describe yourself as a person who enjoys:

- Watching events or activities Actively participating in activities Both

2. Are you experiencing any physical or mental health problems?

- No Yes (If yes, we will have you discuss during the in-person interview)

3. Have you **EVER** been arrested, charged, or convicted of a crime?

- No Yes (If yes, we will have you discuss during the in-person interview)

4. How long have you lived in the area? _____

5. Do you anticipate any significant life changes over the next year or have you had any in the past year?

- No Yes (If yes, we will have you discuss during the in-person interview)

6. Do you speak any foreign languages? Yes _____ No

Community based only

7. Which do you enjoy more?

- Indoor Activities Outdoor Activities No preference

8. Do you have any guns or ammunition in your house?

- No Yes (If yes, we will discuss what safety precautions are necessary)

9. Would you be able to secure or otherwise make unavailable any youth inappropriate viewing materials in your home? This would include television channels and Internet access?

- Yes No (If not, we will have you discuss during the in-person interview)

10. Do you have any pets?

- No Yes (If yes, we will discuss with you what safety precautions are necessary around youth)



VOLUNTEER PRE-INTERVIEW QUESTIONNAIRE CONTINUED...

11. Have you had any driving citations and/or moving violations in the past 5 years?

No Yes (If yes, we will have you discuss during the in-person interview)

School Based Only

12. Day of the week/time available to volunteer?

13. What is your marital status: (Single, married, divorced, domestic partner or widow(er))?

14. What is the highest level of education you have attained in years?

15. Do you have transportation available to your selected site? Answer yes or no. if yes please describe your mode of transportation _____

16. Before we continue with some additional questions about your personal background and life is there anything else you'd like to tell us about yourself or any questions you may have of me?

Signature

Date



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Big Brothers Big Sisters
Of Southwestern New Mexico

BIG BROTHERS/BIG SISTER QUESTIONNAIRE

The following questions are being asked in order for us to get a clearer picture of your lifestyle and personality. The parents of our children are given a preference evaluation form which tells us which characteristics they would not want in a Big Brother or Big Sister. Your completion of this form will help assure that you are not put in a situation which might cause conflicts in your match.

YES NO

- ___ ___ 1. Do you have a past criminal record in this state or any other state?
- ___ ___ 2. Are you currently living with a significant other?
 If so please specify _____
- ___ ___ 3. Do you plan on using other means of transportation while with your Little Brother or Sister besides a car or pickup, i.e., motorcycle, bicycle, etc? Please specify:

- ___ ___ 4. Do you use any illegal drugs?
- ___ ___ 5. Are you addicted to any drugs?
- ___ ___ 6. Do you smoke cigarettes, cigars, pipe or chew tobacco? If so, please specify: _____
- ___ ___ 7. Do you smoke marijuana?
- ___ ___ 8. Do you feel that you have a drinking problem?
- ___ ___ 9. Have you had a drug or drinking problem in the past?
- ___ ___ 10. Do you own any pets? If so, what kind _____

I understand that only information our agency feels is pertinent will be given to the parent prior to matching if I am approved as a Big Brother or Sister.

This form has been completed to the best of my ability and I believe the answers to be true and factual.

Signature _____ Date _____



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Big Brothers Big Sisters Interest Matching Form

Name _____ Date _____

The following is a list, which Little Brothers/Sisters check to indicate their interests.
Please check those which you would enjoy doing with a boy/girl.

<u>Sports</u>	Soccer _____	<u>Science & Mechanics</u>	Rocks & Minerals _____
Archery _____	Softball _____	Auto Repair _____	Stamps _____
Badminton _____	Swimming _____	Astronomy _____	Souvenirs _____
Baseball _____	Target Practice _____	Chemistry _____	<u>Other Things</u>
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 _____	<u>Outdoor Life & Activities</u>	<u>Arts & Crafts</u>	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 _____	<u>Collecting</u>	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 current personal hobbies or interests are:

My type of personality (your own opinion)

What name would you like your little brother/sister to call you?

Your age preference for a little brother/sister? 5 6 7 8 9 10 11 12 13 14 15 16 any age _____

Are there any other things you would like to have considered in matching you and a little brother/sister?

Do you sincerely feel you will be able to meet the minimum commitment? Yes _____ No _____



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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.

Parent/Legal Guardian/Volunteer's

Date

Staff/Board Member's Name

Date



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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



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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



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VOLUNTEER PHOTOGRAPHY AND MEDIA RELEASE FORM

Once you have been accepted as a Big Brother or Big Sister, there may be times when you attend our group functions. We may want to photograph videotape or film you 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 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 myself to Big Brothers Big Sisters of Southwestern New Mexico.

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

Volunteer's Name

(Please Print Clearly)

Date ____/____/____

Volunteer Signature



**Big Brothers Big Sisters of Southwestern New Mexico
COMMUNITY BASED VOLUNTEER COMMITMENT FORM**

By signing the below form, you agree to comply with following as a volunteer of BBBBS of SWNM.

- I agree to volunteer for a **MINIMUM of ONE YEAR**.
- I agree to provide valid references.
- I agree to disclose any information that may affect application as a Big.

Upon being matched:

- I agree to meet my little at the minimum requirement of 2-4 hours every other week or 8 hours a month.
- I agree to inform my match support specialist of any changes to my contact information.
- I agree to complete all surveys and match support calls as part of my participation in the program.
- I agree to involve no other parties in my match until after three months or after the approval of the parent.
- I agree to be open and up front about any concerns I have regarding my match with both the parents of my Little and the Match Support Specialist.

We take the safety and welfare of our children very seriously. Failure to comply with these above guidelines can and will result in termination from this program.

Volunteer

Date

Enrollment Specialist

Date