



BIG BROTHERS BIG SISTERS
of El Paso

1724 Wyoming St
El Paso, TX 79902
915-544-4203
915-544-4368 FX

VOLUNTEER INQUIRY FORM

				Date of Inquiry:	
VOLUNTEER INFORMATION					
First Name:		MI:	Last Name:		
Home Address:		City:		State:	Zip:
Ethnicity:	DOB:	Age:	Do you currently have a valid driver's license: <input type="checkbox"/> No <input type="checkbox"/> Yes State: _____ DL# _____ Exp. _____		
By providing your social security number, you are consenting to allow BBBSEP to investigate your background		SSN:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
CONTACT INFORMATION					
Home Phone:		Cell Phone:	Work Phone:	Preferred Phone:	
Email:				Best time to call: <input type="checkbox"/> Anytime <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Weekend	
EMPLOYMENT INFORMATION					
Employer/Company Name:			Job Position/Title:		
Work Address:			City:	State:	Zip:
Supervisor/Managers Name & Title:				How long at current job: YRS: _____ MONTHS: _____	
DEMOGRAPHIC INFORMATION					
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Language: <input type="checkbox"/> Spanish only <input type="checkbox"/> English only <input type="checkbox"/> Bi-lingual		
Former Big Brother/Sister: <input type="checkbox"/> NO <input type="checkbox"/> YES, Where: _____ How long: _____					
How did you hear about us? <input type="checkbox"/> TV <input type="checkbox"/> Friend <input type="checkbox"/> Radio <input type="checkbox"/> School <input type="checkbox"/> Self <input type="checkbox"/> Other:				Source:	
Highest Level of education: <input type="checkbox"/> Some High School <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> PHD/MD					
Do you need accommodations for any type of physical disability when visiting the office: <input type="checkbox"/> NO <input type="checkbox"/> YES, Explain: _____					
OFFICE USE ONLY					
Interview	Date:	Time:	Enrollment Specialist:		
Application	<input type="checkbox"/> Mailed <input type="checkbox"/> Faxed <input type="checkbox"/> Emailed <input type="checkbox"/> Picked-Up		Date Sent:	Initials:	
Rescheduled Date #1:	Time:	Enrollment Specialist:		Closed Date:	
Rescheduled Date #2:	Time:	Enrollment Specialist:		Closure Reason:	
AIM DATA ENTRY:	<input type="checkbox"/> YES <input type="checkbox"/> NO		Date:	Initials of CRESS entering data :	