



**Kukui Malamalama  
VOLUNTEER PRE-ENROLLMENT**

First Name:		Middle Name:		Last Name:		Date of Birth:	
Home Address:			City:		County:	State:	Zip:
Email:		Home Ph #:		Work Ph #:		FAX:	
Male Female		Social Security #:		Employer:			
Address:			City:		State:	Zip:	
Occupation:				Ethnicity:			
<b>Can We Contact You At Work:</b> ____ Yes ____ No			<b>Work Hours:</b>		<b>How Long Employed:</b>		
Possession of a driver's license is not a requirement to participate in any of our programs but is required if you will be transporting a youth in any vehicle you are operating.							
<b>Do you have a driver's license?</b> ____ Yes ____ No			<b>If yes, state of issue and #</b>			<b>Expiration date:</b>	

**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 or friend who has known you for at least 2 year; 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 #:			Email:		
2. Coworker or Friend:							
Address:			City:		State:	Zip:	
Day Phone #:		Fax #:			Email:		
3. Spouse/Domestic Partner/Friend:							

Address:		City:	State:	Zip:
Day Phone #:	Fax #:		Email:	
Have you ever applied before (or have been) to be a Big Brother or Big Sister? Yes    No			Where and When:	
What, if any, other youth organizations have you worked for or been involved with as a volunteer?				

(Continued)

I understand that:

- 1) The references I listed may be contacted by mail, telephone, or email;
- 2) I am in no way 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) Kauai Team Challenge is not obligated to match me with a youth; and,
- 5) As part of our enrollment processes, I will be asked to provide additional personal information prior to make any recommendations for assignment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## VOLUNTEER PRE-INTERVIEW QUESTIONNAIRE

### NOTE

**This form can be completed by the volunteer prior to the in-person interview. It provides information that can be used to assess the volunteer and determine with whom the volunteer might be matched. It is also possible to add these questions to the in-person interview if the interview is not in the agency and the volunteer does not have 'waiting time' before the interview to complete it. Also, any demographic**

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. Which do you enjoy more?

Indoor Activities

Outdoor Activities

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

Watching events or activities  
activities

Both

Actively participating in

3. In identifying a youth for you to work with, are there any special considerations you want us to know about?

No

Yes (If yes, we will have you discuss during the in-person interview)

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

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

5. 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)

6. Do you have any pets that could potentially scratch or bite a child?

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

7. Are you experiencing any medical problems/issues that could affect a match and of which we need to be aware?

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

8. Do you anticipate any significant life changes over the next year or have you had any in the past year? If so, please explain.

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

9. Would you be willing to work with a child who had experienced physical, emotional or sexual abuse?

- Yes       No

**10. Do you speak any foreign languages?**       Yes

\_\_\_\_\_  No

**11. 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

