

Languages spoken (parent and child), primary language

**COMMUNITY-BASED YOUTH APPLICATION AND PARENT PERMISSION FORM**

Parent/Guardian \_\_\_\_\_ Relationship to child \_\_\_\_\_

Do you have legal custody of the child?  Yes  No

Is there a person who shares legal custody of this child?  Yes  No

If yes, are they aware and supportive of the child's enrollment in the BBBS program?:  Yes  No

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's First Name:			Middle Name:		Last Name:		
Preferred Name/Nickname :			Child's Gender:		Child Date of Birth:		
What is the child's living situation? <input type="checkbox"/> Two-parent household <input type="checkbox"/> One-parent household ( <input type="checkbox"/> Female / <input type="checkbox"/> Male) <input type="checkbox"/> Other relative of child (non-parent) <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Other _____							
Home Phone #:		Parent Cell Phone #:		Child Cell Phone #:		Is it okay to text parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Cell Provider: Is it okay to text child? <input type="checkbox"/> Yes <input type="checkbox"/> No Cell Provider:	
Home Address:			City:		County:	State:	Zip:
Parent/Guardian E-mail:				Child E-mail:			
Child's School				Grade:		Student ID Number:	
Child's Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> Multi-race (check all that apply) <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other							
Nationality/Country of Origin:							
Parent Place of Employment: Parent Work Phone #: May we contact you (the parent/guardian) at the work number listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Please check the best number and time to contact you (the parent/guardian)?  <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening				If we are unable to reach you, who is someone we could call who always knows how to reach you?  Name: Phone Number:			

## Big Brothers Big Sisters of the Southern Adirondacks

1. What is the primary reason for you wanting your child to have a Big Brother or Big Sister?
2. Does your child know that you are applying for the program? Does your child want to participate?
3. Where did you hear about Big Brothers Big Sisters? Please check all that apply and provide details in space given.  
 School \_\_\_\_\_  
 Relative \_\_\_\_\_  
 Faith Organization \_\_\_\_\_  
 Service Organization \_\_\_\_\_  
 Website \_\_\_\_\_  
 TV/Radio \_\_\_\_\_  
 Event \_\_\_\_\_  
 Other \_\_\_\_\_
4. Does your child have siblings or relatives who are applying for the BBBS program at this time or who are currently in the program?  
 Yes     No    If yes, please provide their name(s):
5. Do you anticipate any significant life changes over the next year or have you had any in the past year, such as moving?  
 Yes     No    If yes, please explain:
6. Will your child be able to meet with their Big [once a week in the evenings or on the weekend- *insert agency-specific requirements*] for the next year?  
 Yes     No
7. 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 explain:
8. Number of people (adults and children) in household: \_\_\_\_\_
9. Is the parent/guardian receiving income assistance at this time?     Yes     No
10. Is parent/guardian receiving assistance with housing (e.g. Section 8, residence in public-housing, etc.)?     Yes     No  
If living in a housing development, please list the name: \_\_\_\_\_
11. Is child eligible for free or reduced lunch?     Yes - Free     Yes - Reduced     No
12. Household Annual Income: (total income of the adults the child lives with)  
 0-\$10,000     \$10,001-\$15,000     \$15,001-\$20,000     \$20,001-\$30,000     \$30,001-\$50,000     \$50,001+
13. Does your child have a parent/caregiver with current or past military experience?     Yes     No  
If yes, please list dates of service:

**Big Brothers Big Sisters of the Southern Adirondacks**

Branch:  Air Force     Army     Marine Corps     Navy     Coast Guard

Component:  Active     National Guard     Reserve

Is the parent currently deployed?

If yes, please the date of deployment:

Is the parent retired from the military?  Yes     No

Is the parent separated/discharged (other than retired)?  Yes     No

Does your child have a parent/caregiver that is considered fallen, wounded or disabled?  Yes     No

14. Does your child have a parent/guardian who is currently incarcerated?  Yes     No

If yes, please explain:

15. Has your child ever been arrested or involved in the juvenile justice system?

Yes. Please explain:

No

16. Within the last year, has your child been in any trouble at school?

Poor Grades

Skipping school/classes

Truant

Behavior problems (Describe: \_\_\_\_\_)

Has been suspended (Reason for suspension: \_\_\_\_\_)

Has been expelled (Reason for expulsion: \_\_\_\_\_)

Sent to an alternative school (Reason for school change: \_\_\_\_\_)

**Continued**

## Big Brothers Big Sisters of the Southern Adirondacks

By signing below, I give permission:

1. For my child to participate in the Big Brothers Big Sisters Program;
2. For the volunteer matched with my child, who has been screened and approved by Big Brothers Big Sisters, to transport my child to events and match activities;
3. For the school to provide social and academic information about my child to Big Brothers Big Sisters (e.g. report cards, behavior reports);
4. To have my child participate in an in-take interview conducted by Big Brothers Big Sisters staff and complete questionnaires throughout his/her time in the program containing questions about school, home life, and personal interests;
5. To have my child talk with a Big Brothers Big Sisters staff person about personal safety;
6. For BBBS staff to provide contact information for me and my child to the volunteer.

I understand that the program 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 information through an in-person interview. I understand that the information I provide in the enrollment process will be kept confidential, unless disclosure is required by law and with exceptions noted. I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities. I understand that certain relevant information about my child will be discussed with the volunteer who is a prospective match (i.e. demographic information, information relevant to volunteer preferences, and information relevant to child-safety and well-being).

I certify that all of the information on this form is true and correct and that all income is reported. I understand this information is being given for the receipt of federal funds, that the information on this application may be verified, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. I understand this information will not affect my qualification for the program.

I do hereby release the organization and its employees, agents, members, volunteers and all other persons on its behalf from any and all liability for any damage or injury which such child might sustain while participating in said program and activities, including but not limited to any liability to any right of action that may occur to such child directly, or to me as his/her guardian. I understand that this information may be shared with the school or with partnership agencies when applicable.

If my child is matched with a Big Brother or Big Sister I agree to support my child's match by reviewing the program and safety information given to me by Big Brothers Big Sisters, communicating with Big Brothers Big Sisters staff as outlined in expectations (which includes communication at least once a month in the first year of the match), and immediately reporting any concerns I might have to Big Brothers Big Sisters staff.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# BIG BROTHERS BIG SISTERS

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## **Confidentiality Policy Form**

### **Access to Confidential Records**

In order for Big Brothers Big Sisters of the Southern Adirondacks 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 clients 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 any client or volunteer's name in agency publications.

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, which is in the best interest of the children served by the program, information from outside sources, including confidential references, must be assessed along with the information gained from the clients or volunteers themselves. 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. Clients and volunteers shall sign a statement that he/she has to read and understand the agency policy on confidentiality and agree to program participation under the guidelines it sets forth.

### **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 the Big Brothers Big Sisters of America may have access to client and volunteer records. These outside organizations shall be required to use the 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.

## Big Brothers Big Sisters of the Southern Adirondacks

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 a review, and the period of time during which access shall be granted. The member shall be required to comply with the agency policies on confidentiality and may use the information only for purposes stated by the approval 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 legal counsel in the event of litigation or potential litigation involving the agency. Such information is considered privileged information and law protects its confidentiality.

7. State law mandates that suspected child abuse be reported to the appropriate authorities (designated state agency). All workers are responsible for staying abreast of such reporting requirements of their respective jurisdiction and shall always comply with mandated procedures.

8. If any 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 person. This may include a medical referral or a report to 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.

I agree to keep information discussed with me regarding a potential (Big Brother/Sister, Little Brother/Sister) match confidential. I will not discuss this information with any person other than the assigned professional staff of the Big Brother Big Sister agency.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Guardian/Volunteer Signature

**Big Brothers Big Sisters of the Southern Adirondacks**

**ACTIVITIES AND INTERESTS FORM**

Client: \_\_\_\_\_

Please circle activities/interest that you would like to do with a Big Brother/Sister

- |                           |                     |                |
|---------------------------|---------------------|----------------|
| Acting                    | Gardening           | Roller blading |
| Animals, zoo              | Golf                | Roller-skating |
| Arcade games              | Gymnastics          | Science        |
| Arts & crafts             | Hairdressing        | Shopping       |
| Astronomy                 | Hay rides           | Sledding       |
| Auto mechanics            | Hiking              | Snow boarding  |
| Ballet                    | Hockey              | Soccer         |
| Baseball                  | Horseback riding    | Social studies |
| Basketball                | Ice-skating         | Softball       |
| Bike riding               | Karate              | Swimming       |
| Bird watching             | Kite flying         | Tennis         |
| Board games               | Knitting            | Traveling      |
| Boating/fishing           | Malls               | Tubing         |
| Books/libraries           | Martial arts        | TV             |
| Bowling                   | Miniature golf      | Video games    |
| Building models           | Models              | Volleyball     |
| Camping                   | Movies              | Walking        |
| Collections               | Museums             | Water skiing   |
| Computers                 | Music               | Woodworking    |
| Concerts                  | Musical instruments | Writing        |
| Cooking                   | Outdoors            | Yoga           |
| Croquet                   | Painting            |                |
| Cultural events/festivals | Painting nails      |                |
| Dance                     | Parks/picnics       |                |
| Downhill skiing           | Pets                |                |
| Drawing                   | Photography         |                |
| Dress up                  | Playing cards       |                |
| Fishing                   | Pottery             |                |
| Fixing things             | Racquetball         |                |
| Football                  | Restaurants         |                |
| Frisbee                   |                     |                |

FAVORITE INTERESTS: \_\_\_\_\_

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