

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 | | | | Is it okay to text child? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Home Address: | | City: | | County: | State: |
| | | | | | Zip: |
| Parent/Guardian E-mail: | | | Child E-mail: | | |
| | | | | | |
| Child's School: | | | Grade: | | |
| | | | | | |
| 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"/> <i>American Indian or Alaska Native</i> | | | |
| <input type="checkbox"/> Hispanic or Latino | | <input type="checkbox"/> <i>Asian</i> | | | |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | | <input type="checkbox"/> <i>Black or African American</i> | | | |
| <input type="checkbox"/> White | | <input type="checkbox"/> <i>Hispanic or Latino</i> | | | |
| | | <input type="checkbox"/> <i>Native Hawaiian or Pacific Islander</i> | | | |
| | | <input type="checkbox"/> <i>White</i> | | | |
| | | <input type="checkbox"/> <i>Other</i> | | | |
| 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)? | | | If we are unable to reach you, who is someone we could call who always knows how to reach you? | | |
| <input type="checkbox"/> Home | | <input type="checkbox"/> Cell | | <input type="checkbox"/> Work | |
| <input type="checkbox"/> Morning | | <input type="checkbox"/> Afternoon | | <input type="checkbox"/> Evening | |
| Name: | | | Phone Number: | | |
| | | | | | |

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

2. Does your child know that you are applying for the program? Does your child want to participate?
3. Does your child participate in any other sports, clubs or activities? If so, which ones and what days/times do they participate?
4. 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 _____
5. 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):
6. 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:
7. Will your child be able to meet with their Big 2-4 times a month for a total of about 9 hours per month for the next year? Yes No
8. Does your child have any medical conditions that might affect him or her participating in activities with a Big? Yes No If yes, please explain:
9. Are there any people besides yourself and the youth living in the household? Yes No If yes, please provide details:
- Name: _____ Age: _____ Relationship to Child: _____
- Name: _____ Age: _____ Relationship to Child: _____
- Name: _____ Age: _____ Relationship to Child: _____
- Name: _____ Age: _____ Relationship to Child: _____
- Name: _____ Age: _____ Relationship to Child: _____
10. Is the parent/guardian receiving income assistance at this time? Yes No

11. 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: _____

12. Is the child eligible for free or reduced lunch? Yes - Free Yes - Reduced No

13. 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-\$35,000
 \$35,001-\$40,000 \$40,001-\$45,000 \$45,001-\$50,000 \$50,001-\$75,000 \$75,001+

14. Does your child have a parent/caregiver with current or past military experience? Yes No

If yes, please list dates of service:

Branch: Air Force Army Marine Corps Navy Coast Guard

Component: Active National Guard Reserve

Is the parent currently deployed?

If yes, please list 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

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

If yes, please explain:

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

Yes. Please explain:

No

17. Within the last year, have any of the following applied to your child?

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: _____)

18. What grade level is your child reading at? _____

19. Does your child receive any of these services?

- Special Education Speech Therapy Tutoring In-school Counseling IEP 504 Plan
 Other Counseling Describe: _____

20. Is your child on any medications and if so, please list

21. Does your child have any learning disability or mental health diagnosis? If so, what are they?

22. What are some of the needs your child has (could be social, emotional, behavioral, or academic) that a Big may be able to help him/her with?

23. What goals would you hope for your child to accomplish with his/her Big?

24. Are you willing and able to commit to communicate with a BBBS Match Support Specialist at least once a month via phone calls and/or email while the youth is enrolled in our program? Yes No

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 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 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.

I give my approval to Big Brothers Big Sisters for release of information regarding my child (named above) in regard to participating in the following (with name included)**: Photographs, TV & Movies and General Information.

I give permission to BBBS staff or volunteers to provide emergency medical treatment, and if necessary, transport to an emergency center for treatment. Also, I consent to medical treatment deemed immediately necessary or advisable by a physician.

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.

I understand that BBBS is not obligated to match my child in the program; and that it may be for any number of reasons my child may not be considered a good fit. I understand that BBBS is not obligated to give reasons for non-acceptance. It is my responsibility to update the agency if any of the information I provide on this application, in my interview, or any other information provided during the enrollment process, changes. I agree to timely communicate and follow up with all agency staff. At any time while involved with the Big Brothers Big Sisters program, I agree to immediately agree to inform my BBBS contact person of any and all infractions, violations, charges and convictions related to any civil, domestic or criminal occurrences. I understand that BBBS staff needs to be fully informed to provide the best guidance or support possible.

Parent/Guardian Signature: _____ **Date:** _____

Confidentiality Policy

In order for Big Brothers Big Sisters (BBBS) to provide responsible and professional services, it is necessary for volunteers, clients and parent/guardians of clients to disclose personal information. BBBS respects the confidentiality of client/volunteer information. Confidentiality applies to written records, voice, verbal statements, pictures (motion or still) and the use of the client/volunteer's name in agency publications. All records are considered property of the agency, not of the agency staff, clients, parent/guardians or volunteers.

According to the Confidentiality Policy, information from client/volunteer records may be shared with individuals/organizations as specified:

1. Requests for the release of confidential information shall be accompanied by an authorized consent to release information form signed by the client/volunteer/parent guardian.
2. Identifying information regarding client/volunteer may be used in agency publications or promotional material if the client/volunteer has given written permission.
3. For program evaluation, audit, or accreditation, certain outside bodies, including members of the Board of Directors, may have access to client/volunteer records, by formal motion and approved action of the Board of Directors. The motion identifies the person(s) authorized to review records, the purpose for the review and the period of time during which access is granted.
4. Information shall be provided to law enforcement or courts only with a valid, enforceable subpoena.
5. Information shall be provided to BBBS legal counsel in the event of litigation or potential litigation involving the agency.
6. State law requires that suspected or disclosed child abuse be reported to the Pennsylvania Department of Protective and Regulatory Services, Child Protective Services.
7. If agency staff receives information that indicates that a client/volunteer may be dangerous to himself/herself or to others, steps shall be taken to protect the appropriate party, including a report to the law enforcement authorities.
8. When a child/volunteer is considered for a match, information is shared between the prospective parties. The identity of the parties is not revealed until after the parties agree to the match. Each party has the right to refuse the proposed match based on the anonymous information provided. Information shared may include but is not limited to: age, sex, race, religion, education, interests, hobbies, marriage and family status, sexual preference, reasons for applying to the program, and a summary of the reasons an individual was chosen for the match. The individuals to whom the information is provided shall agree not to share the Information with any other person.
9. The Chief Executive Officer/President is the custodian of confidential records. The management of confidential information shall be conducted in accordance with the following:
 - a. Case files shall be kept in secure locations.
 - b. Program Support Specialists may keep working notes about the match for supervision purposes. Notes are contained in a secure electronic database.
 - c. Agency files shall not be removed from the office without approval of the Program Director.
 - d. Files will be kept a minimum of seven years after closure. Files are destroyed by shredding.

I, _____, have received the BBBS Confidentiality Statement and I agree to program participation under its ground rules.

Print Name

Signature

Date

YOUTH PRE-INTERVIEW QUESTIONS (Parents/Guardians: Please give your child assistance with this form if they are not able to complete it on their own.)

What is a Big Brother or a Big Sister? A Big Brother or Big Sister is an adult who will come to your house a few times a month, pick you up, and spend time with you. They can help you learn new things, discover new interests, or just be there to listen when you want to talk.

1. Would you like to have a Big Brother/Big Sister"? Yes No Not Sure
2. Why would you like to have a Big Brother/Big Sister?
3. What kind of person would you like for a Big Brother/Big Sister?
4. What kinds of things would you like to do with your Big Brother/Big Sister?
5. What should we tell your Big Brother/Big Sister about you?
6. Which do you enjoy more? Watching Activities Doing Activities Both
7. Which do you enjoy more? Being outdoors Being indoors Both
8. Do you feel that you would like a Big Brother/Big Sister who is more Quiet Talkative
9. When I grow up, I want to be::
10. If I was granted three wishes, I would wish for (can be ANYTHING).
 - 1.
 - 2.
 - 3.

Please check any areas of interest and activities that you would enjoy.

| SPORTS | | STEM | Arts & Crafts |
|---|---|--|---|
| <input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Soccer <input type="checkbox"/> Basketball <input type="checkbox"/> Football <input type="checkbox"/> Gymnastics <input type="checkbox"/> Racquetball <input type="checkbox"/> Bowling <input type="checkbox"/> Skating <input type="checkbox"/> Weight Lifting <input type="checkbox"/> Skateboarding Other: _____ Other: _____ | <input type="checkbox"/> Jogging/Track <input type="checkbox"/> Swimming <input type="checkbox"/> Tennis <input type="checkbox"/> Volleyball <input type="checkbox"/> Golf <input type="checkbox"/> Cheerleading <input type="checkbox"/> Wrestling <input type="checkbox"/> Paintball <input type="checkbox"/> Bicycling <input type="checkbox"/> Auto Racing <input type="checkbox"/> Ice Skating Other: _____ Other: _____ | <input type="checkbox"/> Auto Mechanics <input type="checkbox"/> Motorcycles <input type="checkbox"/> Woodworking <input type="checkbox"/> Model cars <input type="checkbox"/> Model boats <input type="checkbox"/> Model airplanes <input type="checkbox"/> Electronics <input type="checkbox"/> Space <input type="checkbox"/> Coding <input type="checkbox"/> Robots <input type="checkbox"/> Architecture <input type="checkbox"/> Lego/Building Blocks <input type="checkbox"/> Soduku <input type="checkbox"/> Crime Scene Investigation <input type="checkbox"/> Wather <input type="checkbox"/> Medicine/Health <input type="checkbox"/> Video Games | <input type="checkbox"/> Drawing <input type="checkbox"/> Painting <input type="checkbox"/> Sewing <input type="checkbox"/> Cooking <input type="checkbox"/> Baking <input type="checkbox"/> Ceramics <input type="checkbox"/> Photography <input type="checkbox"/> Band <input type="checkbox"/> Singing <input type="checkbox"/> Acting <input type="checkbox"/> Dancing <input type="checkbox"/> Live Theatre <input type="checkbox"/> Anime <input type="checkbox"/> DIY Other: _____ Other: _____ |

| Outdoor Life | Games | Miscellaneous |
|--|--|--|
| <input type="checkbox"/> Animals <input type="checkbox"/> Star gazing <input type="checkbox"/> Gardening <input type="checkbox"/> Snow Boarding <input type="checkbox"/> Skiing <input type="checkbox"/> Water skiing <input type="checkbox"/> Boating/Canoeing/Kayaking <input type="checkbox"/> Swimming <input type="checkbox"/> Fishing <input type="checkbox"/> Hiking <input type="checkbox"/> Camping <input type="checkbox"/> Hunting <input type="checkbox"/> Horseback Riding <input type="checkbox"/> Going to the Park <input type="checkbox"/> Geocaching Other: _____ Other: _____ | <input type="checkbox"/> Card games <input type="checkbox"/> Playing video games <input type="checkbox"/> Checkers <input type="checkbox"/> Chess <input type="checkbox"/> Dominoes <input type="checkbox"/> Board Games <input type="checkbox"/> Dungeons and Dragons <input type="checkbox"/> LARP <input type="checkbox"/> Magic the Gathering <input type="checkbox"/> Puzzles <input type="checkbox"/> Charades <input type="checkbox"/> Minecraft <input type="checkbox"/> Treasure Hunts <input type="checkbox"/> Obstacle Courses <input type="checkbox"/> Fooseball <input type="checkbox"/> Table Tennis (ping pong) <input type="checkbox"/> Pool Other: _____ Other: _____ | <input type="checkbox"/> Shopping <input type="checkbox"/> Movies <input type="checkbox"/> Talking <input type="checkbox"/> Restaurants <input type="checkbox"/> Museums <input type="checkbox"/> Garage Sales <input type="checkbox"/> Antiques <input type="checkbox"/> Reading: Non-fiction <input type="checkbox"/> Reading: Fiction <input type="checkbox"/> Reading: Comic Books <input type="checkbox"/> Reading: Newspapers <input type="checkbox"/> Reading: Magazines Other: _____ Other: _____ |

AUTHORIZATION FOR EXCHANGE OF INFORMATION

_____ contacted the Big Brothers Big Sisters agency to inquire about services

Parent/Guardian Name

for _____, date of birth _____. He/She signed this release to obtain information

(Student Name)

regarding _____ school progress. All information is confidential.

(Student Name)

Thank you for assisting.
Sincerely,

Linda Z. Gorter

Linda Z. Gorter
Executive Director

I authorize _____ to exchange information with

School Name / School District

Big Brothers Big Sisters of York & Adams Counties in verbal, written and/or electronic communication regarding:

Student Name

Date of Birth

This information is to be used in the planning of appropriate community services for the student. The confidentiality of the information received will be protected by the State and Federal guidelines regarding the collection, maintenance and dissemination of student records (Family Education Rights and Privacy Act of 1974).

Information to be released includes the following (please check):

_____ grades / report card _____ standardized test results _____ attendance records
_____ discipline records _____ special education data _____ social / developmental
_____ other, please specify _____

I understand that the information will be utilized by Big Brothers Big Sisters of York & Adams Counties, Inc. in conjunction with providing service.

Your Rights: You may refuse to sign this form. You may cancel it at any time by informing Big Brothers, Big Sisters of York & Adams Counties in writing. If you cancel your permission to allow the release of information about your child, it will go into effect immediately (unless someone already released the information). You have a right to receive a copy of this Authorization.

Parent/Guardian Signature

Date

Indicate relationship to student:

parent

legal guardian: _____

***** Please return completed form to Big Brothers Big Sisters 227 W. Market Street, Suite 102 York, PA 17401 or Fax to 717-699-0671 *****