



YOUTH APPLICATION AND PARENT PERMISSION FORM

Parent/Guardian _____ Relationship to child: _____

Preferred Language: _____

Do you have legal custody of the child? Yes No

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

Name: _____ Relationship to Child: _____

Phone: _____

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

Child's First Name:	Middle Name:	Last Name:
Preferred Name/Nickname:	Child's Gender:	Child's Date of Birth:
<p>What is the child's living situation?</p> <p><input type="checkbox"/> Two-parent household <input type="checkbox"/> One-parent household (<input type="checkbox"/>Female / <input type="checkbox"/>Male)</p> <p><input type="checkbox"/> Other relative of child (non-parent) Who _____</p> <p><input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home</p> <p><input type="checkbox"/> Other _____</p> <p>Number of people living in the household _____</p>		
Home Phone #:	Parent Cell Phone #:	Child Cell Phone #: (if applicable)
	Is it okay to text? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is it okay to text? <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:	Teachers Name:								
Child's Race/Ethnicity: <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> American Indian or Alaska Native</td> <td><input type="checkbox"/> Native Hawaiian or Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> White</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> Multi-race (Check all that apply)</td> </tr> <tr> <td><input type="checkbox"/> Hispanic or Latino</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>			<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-race (Check all that apply)	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Other _____
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<input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-race (Check all that apply)									
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Other _____									
Nationality/Country of Origin:										
Parent Place of Employment:		Parent Work Phone #:								
Typical shift/hours and days of the week worked:										
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 to reach you (the parent/guardian)?										
<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work								
What is the best time to contact you (the parent/guardian)?										
<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Anytime							
If we are unable to reach you, please list three emergency contacts who would always know how to reach you.										
Name:	Name:	Name:								
Phone:	Phone:	Phone:								

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



2. Does your child have siblings or relatives who are applying for the BBBS program at this time or who are currently in the program?
 No Yes, _____
3. Is the parent/guardian receiving income assistance at this time?
 No Yes, _____
4. Is parent/guardian receiving assistance with housing (e.g. Section 8, residence in public-housing, etc.)?
 No Yes, _____
5. Is child eligible for free or reduced lunch?
 Yes - Free Yes - Reduced No
6. Household Annual Income: (total income of the adults the child lives with)
 \$0-\$10,000 \$20,001-\$30,000
 \$10,001-\$15,000 \$30,001-\$50,000
 \$15,001-\$20,000 \$50,001+
7. Does your child have a parent/caregiver with current or past military experience?
 Yes No

If yes, please answer the following questions:

- a. Dates of service: _____
- b. Branch:
 Air Force Army Marine Corps Navy Coast Guard
- c. Component:
 Active National Guard Reserve
- d. Is the parent currently deployed?
 Yes No
- e. If yes, please list the date of deployment: _____
- f. Is the parent retired from the military?
 Yes No
- g. Is the parent separated/discharged (other than retired)?
 Yes No
- h. Does your child have a parent/caregiver that is considered fallen, wounded or disabled?
 Yes No



PARENT PERMISSION

By signing below, I give permission:

- For my child to participate in the Big Brothers Big Sisters Program
- 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
- For the school district of _____ to provide social and academic information about my child to Big Brothers Big Sisters (e.g. report cards, behavior reports)
- To have my child participate in an in-take interview conducted by Big Brothers Big Sisters staff and complete questionnaires and phone conversations, throughout his/her time in the program containing questions about school, home life, and personal interests
- To have my child talk with a Big Brothers Big Sisters staff person about personal safety
- 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 relevant information about my child will be discussed with the volunteer who is a prospective match.

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: _____



PARENTAL CONSENT

I, _____, the undersigned parent/legal guardian of _____ (child) hereby give my consent for my son/daughter named above to be a participant in the programs as put on by Big Brothers Big Sisters of South Central Wisconsin.

Big Brothers Big Sisters services will be provided according to Big Brothers Big Sisters Standards, required procedures, by-laws, and policies. The following person(s) shall have authority to arrange with personnel associated with Big Brothers Big Sisters of South Central Wisconsin, including but not limited to all matching procedures and the supervision of the child's match. The person(s) listed below shall further have the authority to authorize all activities between the child and his/her Big Brother/Sister.

Authorized Person: _____

Authorized Person: _____

Authorized Person: _____

Parent/Guardian Signature: _____ Date: _____



Confidentiality Policy

Access to Confidential Records

In order for the agency to provide professional services to clients, it is necessary for volunteers, clients and parent/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 to video, film, pictures or use of 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 information gained from the clients or volunteers themselves. Records are not available for review by the client or volunteers. Clients and volunteers shall be provided, at the time of application, a copy of this statement on confidentiality along with the exceptions which define the limits of confidentiality. Clients and volunteers shall sign a statement that he/she has read and understands the agency policy on confidentiality and agrees 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 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 on confidentiality and may use the information only for the purpose 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 court 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 Department of Social Services. 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/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 set forth.

Volunteer/Parent Name: _____

Volunteer/Parent Signature: _____ Date: _____