

## 2019 Youth Enrollment Steps

**Thank you so much for your interest in Big Brothers Big Sisters! Please read the information below regarding our program and the enrollment process. Call us at 434.244.0882 with any questions.**

**Our Mission:** To provide children facing adversity with strong and enduring, professionally supported 1-to-1 relationships that change their lives for the better, forever.

**What is the Madison House Program?** Big Brothers Big Sisters of the Central Blue Ridge has partnered with Madison House, an organization that connects college students with volunteer opportunities, to provide college Bigs (“Big Sibs”). Madison House Big Sibs function very similarly as the Bigs in the Community-Based Program with a few differences. They don’t spend time with their Little at home and they typically leave town for a few months for winter and summer breaks. Enrollment period for this program is typically Oct/Nov and April/May.

**What is the Community-Based Program?** This is the traditional Big Brothers Big Sisters relationship, where Bigs and Littles get together on their own to share in fun activities they both enjoy. Matches typically meet for 2 hours a week. Some Bigs meet their Littles on the weekends. Others get together with their Littles in the evenings. Each match is unique and develops a schedule that works for them. Enrollment for this program is rolling.

**What is the Site-Based Program?** In this program, your child will still be matched with a Big Brother or Big Sister from the Charlottesville community, but the Big will visit your child at their school or community center once a week for 1 hour. This will take place either during their lunch and recess or after school program over the course of the school year. They can read, play sports, do arts and crafts, play board/computer games, or have lunch together. **Enrollment for this program is currently on hold.**

### **Enrollment Steps:**

- ✓ **Fill out the Youth Application.** Completed applications can be submitted to us via email, fax, mail, dropped off at our office, or returned to your child’s school guidance counselor. **We enroll children ages 6-16.**
- ✓ **Attend Parent Orientation.** Offered monthly, this orientation will give you more information about our program, what we expect of the program participants (parent, child and volunteer), and you will have the chance to meet BBBS Staff.
- ✓ **Parent and Youth complete an in-person interview with BBBS Staff.** This interview is used to gauge the child’s interest in the program, and to learn about their personality in order to make a successful match with a volunteer. Once you’ve attended a Parent Orientation we will call you to set up a good time for you both.
- ✓ **It’s Match Meeting time!** Once you’ve completed all the steps above, we’ll let you know if your child has been accepted into the program. If so, once we’ve selected a Big that meets your child’s needs and interests, we will schedule a time for everyone to meet! Meetings take place at your home for Community-Based matches, and at the school/community center for Site-Based matches.
- ✓ **Match Support.** Once a match has been made, a BBBS Match Support Specialist will check in with you and your child each month to support the match.

**What a Big is Not:** A Big Brother or Big Sister is not a tutor, professional counselor, or babysitter, and should not be asked to spend money on the Little. **A Big is a Friend!**

**Reasons for non-acceptance into the program:** The Enrollment Team has the right to deny any applicant acceptance for one of the following reasons, including but not limited to:

- Interest for a Big Brother or Big Sister is not expressed by the child
- Failure to agree to the Parent/Guardian involvement policies with Match Support
- Child is enrolled in a mentoring program/Child is already enrolled in multiple enrichment programs
- Failure to submit necessary paperwork/attend a Parent Orientation
- Child lives/attends school outside of our service area

## **Confidentiality Policy**

### **Access to Confidential Records**

In order for BBBS of the Central Blue Ridge, Inc. to provide a responsible and professional service to clients, participants will 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 also 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, 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 clients or volunteers and reasons for non-acceptance into the program will not be provided due to confidentiality issues. Clients and volunteers shall be provided a copy of this statement on confidentiality, along with the exceptions which define the limits of confidentiality, at the time of application.

### **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.
4. Known violations of agency confidentiality policy will be reported to the supervisor of the individual involved and appropriate disciplinary action shall be requested.
5. 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 purposes 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.
6. Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.
7. Information shall be provided to an agency's legal counsel, Board President, and the agency insurance carrier in the event of litigation or potential litigation involving the agency. Such information is considered privileged information, and its confidentiality is protected by law.
8. State law mandates that suspected child abuse be reported to the appropriate authorities (VA Dept. of Social Services-Child Protective Services Unit). All workers are responsible for staying abreast of such reporting requirements of their respective jurisdiction and shall always comply with mandated procedures.
9. 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 party. This may include medical referral or a report to the local law enforcement authorities.

# 2019 Youth Application

Your answers to the following questions will help us to determine a healthy and appropriate match for your child. Please answer all of the questions honestly and to the best of your knowledge.

Date: \_\_\_/\_\_\_/\_\_\_

Child's Name: (First, Middle Initial, Last)		Select BIG Program of Interest, You may select more than one option (see front page for program details).	
Parent/Guardian's Name:	Relation to Child:		
City:	State:	Zip:	
Home Address:			
Parent's Email:	Cell Phone #:		
May we text you: <input type="checkbox"/> No <input type="checkbox"/> Yes	Home/Other Phone#:		
Parent's Place of Employment:	Work Phone #:	Child's Cell Phone #:	May we text him/her: <input type="checkbox"/> No <input type="checkbox"/> Yes
May we call you at work: <input type="checkbox"/> No <input type="checkbox"/> Yes	Work hours:	Child's School:	Grade:
Child Identifies as LGBTQ: <input type="checkbox"/> No <input type="checkbox"/> Yes, _____	Child's Ethnicity:	Child's Date of Birth:	Gender:
Who does the child <u>live</u> with?		Do you have any other children <u>currently</u> enrolled as a Little in our program?	
<input type="checkbox"/> One parent. <input type="checkbox"/> Two parents. Name of 2 <sup>nd</sup> parent: _____		<input type="checkbox"/> No <input type="checkbox"/> Yes. List names: _____	
<input type="checkbox"/> Other: _____ (relation to child)		_____	
Has the child you're enrolling previously had a Big Brother/Sister? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you have legal custody of the child? <input type="checkbox"/> No <input type="checkbox"/> Yes	Does the family receive assistance (SNAP, housing, Medicaid)? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is your child eligible for free or reduced lunch at school? <input type="checkbox"/> No <input type="checkbox"/> Yes
Has your child ever been arrested or involved in the juvenile justice system? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is there another person who shares custody of this child? <input type="checkbox"/> No <input type="checkbox"/> Yes _____	How did you hear about us? <input type="checkbox"/> Family/Friend _____ <input type="checkbox"/> Community Event _____ <input type="checkbox"/> Counselor _____ <input type="checkbox"/> Case Manager _____ <input type="checkbox"/> Website _____ <input type="checkbox"/> Other _____	
Does your child have a parent with current or past military experience? <input type="checkbox"/> No <input type="checkbox"/> Yes, Active <input type="checkbox"/> Yes, Deceased <input type="checkbox"/> Yes, Retired			

1. What is the main reason that you want your child to have a Big Brother/Big Sister?

2. What activities does your child enjoy?

3. Is your child currently enrolled in an after-school program or in another youth-serving organization (e.g. Boys and Girls Club, City of Promise, C4K, etc.)? What days/times do these occur? (Note: Listing activities/programs is **not** a disqualifier but helps us schedule.)

Activity/Program (e.g. Music Resource Center)	Day(s) (e.g. Tues/Thurs)	Time(s) (e.g. 4pm-6pm)

4. Do you anticipate any significant life changes in your family over the next year? (e.g. moving, marriage, job change, etc.)

No       Yes (List below.)


5. Will your child be able to meet with their Big once a week for the next year?     No       Yes

6. What are some of the challenges/experiences your child has faced in their lifetime? (e.g. divorce, incarcerated family member, abuse, alternative school, foster care, juvenile detention, changed schools, chronically sick family member, etc.) (List Below)


7. The State of Virginia requires that all children under the age of 8 ride in a booster/car seat until their eighth birthday. Do you have a booster/car seat that you can lend the Big Brother/Sister?     No     Yes     NA (child is 8+ years)

8. Please indicate areas in which you would be interested in having a Big Brother/Sister work on with your child (**select up to 3 choices**).

- |   |   |
|---|---|
| <input type="checkbox"/> Improving Behavior in School       | <input type="checkbox"/> Giving back to the Community                       |
| <input type="checkbox"/> Improving Grades in School         | <input type="checkbox"/> Being more Active (sports, exercise, etc.)         |
| <input type="checkbox"/> Improving Behavior at Home         | <input type="checkbox"/> Increasing Class Attendance/Decreasing Tardiness   |
| <input type="checkbox"/> Improving Dietary Habits/Awareness | <input type="checkbox"/> Increasing Confidence/Self-Esteem                  |
| <input type="checkbox"/> Engaging in New Activities         | <input type="checkbox"/> Increasing Positive Peer Connections/Relationships |

9. Is your child receiving any services to support them (e.g. CASA, ReadyKids, Compass, School Based Counseling, Region 10, etc.)? (Note: Answering “yes” to this question is **not** a disqualifier.)  No  Yes

**May we contact this person/these people as a reference?**

Service(s) Supporting Child	Caseworker/Counselor/Contact Person	Phone Number	Reference No/Yes?
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes

10. Does your child have any medical or mental health conditions (e.g. ADHD, ODD, seizures, narcolepsy, etc.)?

No  Yes (List below.)


11. Does your child take any medications?  No  Yes (List below.)

12. Does your child have any allergies?  No  Yes (List below.)

13. Is there anything else we need to know about your child?

Provide a reference for your child. This can be someone listed previously in the application as long as it is **not a family member or friend**. (e.g. teacher, coach, social worker, pastor)

Reference's name:	Relationship to Child:
Phone Number:	Email:

**Consent for Child to Participate with BBBS**

By signing below, I give permission:

1. For my child to participate in the Big Brothers Big Sisters Program (BBBS);
2. For the school to provide social and academic information about my child to BBBS (e.g. report cards, behavior reports), and for BBBS to update school personnel on my child's enrollment status.
3. To have my child participate in an enrollment 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;
4. To have my child talk with a Big Brothers Big Sisters staff person about personal safety;
5. For BBBS staff to provide contact information to the volunteer for the purpose of contacting my child.

I understand that the program is not obligated to match my child with a volunteer and that as part of the enrollment process I may be asked to provide additional information. 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 shared in my child's in-take interview).

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 BBBS, communicating with BBBS staff at least once per month and immediately reporting any concerns I might have to Big Brothers Big Sisters staff.

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

**Media Release**

I as the Parent/Guardian of the child named above, do give consent for Big Brothers Big Sisters of the Central Blue Ridge, Inc. to use photographs, images and the voice of my child/ward, with or without names, in the various types of media in order to promote the agency. These types of media may include newspapers, brochures, radio ads and interviews, television ads, agency reports, newsletters or displays.

In giving this consent, I release Big Brothers Big Sisters of the Central Blue Ridge, Inc. and its Agents, Employees and Board of Directors from any liability of any personal or proprietary rights I may have in connection with such use.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Do not Consent**

### Medical Release

Child's Name:	Parent/Guardian's Name:	
Emergency Contact (besides parent):	Relationship to child:	Phone Number:
Family Doctor's Office:	Doctor's Name	Phone Number:
Medical Insurance Provider:	Insurance Phone #:	List any activities you do not wish to have your child involved in:

As a Parent/Guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of my child/ward named above in the event of a medical emergency, which in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment, or undue comfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. Furthermore, I, the Parent/Guardian understand that I am responsible for any medical costs incurred, and will hold harmless Big Brothers Big Sisters of the Central Blue Ridge, Inc. and its Agents, Employees and Board of Directors, and I will fully reimburse any healthcare provider for medical care to my child/ward.

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

### Release of Information to Absent or Non-Custodial Parent

- Yes, I hereby authorize Big Brothers Big Sisters of the Central Blue Ridge to release any information pertaining to \_\_\_\_\_ as requested by absent or non-custodial parent.
- No, do not release any information regarding \_\_\_\_\_'s involvement in Big Brothers Big Sisters of the Central Blue Ridge to the absent or non-custodial parent.

Contact information of absent or non-custodial parent: *(only if you checked 'Yes' above)*

Parent's Name:	Phone #:		
Home Address:	City:	State:	Zip:

Comments:

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

### Agreement to Protect the Confidentiality of Information

I agree to keep information discussed with me regarding a potential Big Brother/Big Sister/Little Brother/Little Sister match confidential. I will not discuss this information with anyone other than the professional staff of the Big Brothers Big Sisters agency. I have read and understand the BBBS Confidentiality policy, 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.

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