

COMMUNITY BASED PROGRAM HIGH SCHOOL BIG PRE-ENROLLMENT

First Name:		Middle Name:		Last Name:		Date of Birth:		
Home Address:			City:		County:		State:	Zip:
Email:		Home Ph #:		Work Ph #:		Cell #:		
Male Female		Social Security #:		Employer: (if employed)				
Address:				City:		State:		Zip:
Year in School				Ethnicity:				
Do you have a driver's license? ____ Yes ____ No			If yes, state of issue and #			Expiration date:		
Parents Name			Parents Employer			Parents Work Phone		

REFERENCES

Please type or print information requested for two references: 1) *a teacher or school counselor who knows you well*; 2) *an adult employer, adult co-worker or adult friend who has known you for at least 2 years*. A third reference call will be made to a parent/guardian.

1. School Name:			Teacher's or Counselor's Name				
Address:			City:		State:		Zip:
Day Phone #:		Fax #:			Email:		
2. Employer, Adult Coworker or 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?							

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) The BBBS agency is not obligated to match me with a youth; and,
- 5) As part of the enrollment processes, you will be asked to provide additional personal information prior to make any recommendations for assignment.

Signature _____ Date _____

PARENTAL PERMISSION (FOR VOLUNTEERS UNDER 18 ONLY)

I give permission for my son/daughter to be involved in Big Brothers Big Sisters of Fond du Lac County, Inc. as volunteer. I feel this is a good opportunity for my son/daughter and fully support and recommend his/her involvement with the program. If I have any questions I know I can contact the agency at 920-922-8200.

Parent/Guardian Signature _____ Date _____

VOLUNTEER PRE-INTERVIEW QUESTIONNAIRE

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 No preference

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

- Watching events or activities Actively participating in activities Both

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

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

4. 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)

5. Do you have any pets?

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

6. Are you experiencing any physical or mental health problems and/or are you currently under the direct care of a physician or mental health care provider?

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

7. Have you ever been arrested, charged, or convicted of a crime?

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

VOLUNTEER PRE-INTERVIEW QUESTIONNAIRE

8. Have you had any driving citations and/or moving violations in the past 5 years?

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

9. How long have you lived in the area? _____

10. Do you anticipate any significant life changes over the next year or have you had any in the past year?

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

11. Do you speak any foreign languages? Yes _____ No

12. Are you currently or recently involved in any youth organizations? (Boy Scouts, Boys & Girl's Club, Youth Sports)

- Yes No

If Yes, what organization _____

Please include a contact from this organization as a reference on your application form.

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.

Signature

Date

VOLUNTEER PRE-INTERVIEW QUESTIONNAIRE

Big Brothers Big Sisters of Fond du Lac County, Inc.
448 S Military Rd. Fond du Lac, WI 54935 (920) 922-8200

REFERENCE/MOTOR VEHICLE RECORD CHECK RELEASE

Having made application to become a volunteer with Big Brothers Big Sisters of Fond du Lac County, Inc. and desiring that organization to be informed as to my past motor vehicle record and character, I hereby authorize Big Brothers Big Sisters to investigate my past motor vehicle record and to ascertain any and all information which may concern my record, character, whether same is of record or not, and I hereby release my present and past employers, references, and all persons whomsoever from any damage because of furnishing said information. This release expires one year from the date signed.

Dated this _____ day of _____, 20_____

Signature: _____

Witness: _____

As the parent/guardian of the above signed person, I understand my child has made application to become a volunteer with Big Brothers Big Sisters of Fond du Lac County, Inc. and desiring that organization to be informed as to his/her past motor vehicle record and character, I hereby authorize Big Brothers Big Sisters to investigate his/her past motor vehicle record and ascertain any and all information which may concern his/her record, character, whether same is of record or not, and I hereby release his/her present and past employers, references, and all persons whomsoever from any damage because of furnishing said information. This release expires one year from the date signed.

Dated this _____ day of _____, 20_____

Parent/Guardian Signature: _____ Witness: _____

PLEASE TYPE OR PRINT:

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____

PLEASE LIST ADDRESSES FOR THE LAST FIVE YEARS:

Address: _____
Street City State Zip

Address: _____
Street City State Zip

Address: _____
Street City State Zip

Office Use Only

No Record _____ Record _____

Signature of Enrollment Specialist: _____ Date: _____



BIG BROTHERS BIG SISTERS OF FOND DU LAC COUNTY, INC.
448 South Military Road Fond du Lac, WI 54935
Office:(920) 922-8200 Fax:(920) 922-7696

CONFIDENTIALITY POLICY

Access to Confidential Records

In order for Big Brothers/Big Sisters of Fond du Lac County 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 client and volunteer records and, with the exception of the situations listed below, shares information about clients and volunteers only among the agency professional staff and match parties when necessary and appropriate. 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. 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. Internally generated information, or information received from outside sources 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 or 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 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 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 purposes stated by the approval action of the Board. 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.

CONFIDENTIALITY POLICY

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'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 laws mandated that suspected child abuse be reported to the appropriated authorities (FDL County Dept of Social Services).
8. If a situation exists where a client or volunteer may be dangerous to him/herself or others, necessary steps may be taken to protect the appropriate volunteer.
9. At the time a child or volunteer is considered as a match candidate, information is shared between the prospective match parties. However, the identity of the prospective match mate shall not be revealed at this stage. Names are shared with match mates only after the involved parties agree to the match.

Each match party shall have the right to refuse the proposed match based on the anonymous information provided. The information to be shared may include:

- A. Volunteer - age, sex, race, religion, interests, hobbies, family situation, living situation, reasons for applying to the program and a summary of why the individual was chosen for the particular match.
- B. Child - age, sex, religion, interests, hobbies, family situation, living situation, sexual preference, a summary of the clients needs assessment and expectations for match participation.

The client or volunteer shall have the right to review and approve the specific information before it is presented to the potential match mate. The individual to whom the information is provided shall agree in writing not to share the information with any other person.

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.

Signature

Date

CONFIDENTIALITY POLICY

Big Brothers Big Sisters of Fond du Lac County, Inc.

Volunteer/Employee Personal Auto Insurance Verification

All employees and all volunteers in the community based program are required to use their personal vehicle in the performance of their duties. As such, all employees and volunteers in the community based program are required to have a valid driver's license and automobile insurance on their vehicle. This is required in order to provide excess auto liability protection to you while you are performing BBBS agency work.

Name: _____

Do you have a valid driver's license? YES NO

Has your license ever been revoked for any reason? YES NO

If yes, please explain: _____

Auto Insurance Information:

Insurance Agency: _____

Agent's Name: _____ Phone: _____

Insurance Company: _____

Policy Number: _____

Limits: Bodily Injury: _____ Property Damage: _____

-OR-

Combined Single Limit: _____

By signing below, I agree to notify Big Brothers Big Sisters of Fond du Lac County, Inc. of any changes in my auto insurance coverage or in the event that I do not have a valid driver's license.

Signature: _____ Date: _____

Note: Volunteers in school/site based programs are required to provide their own transportation to and from the program site.

Volunteer/Employee Personal Auto Insurance Verification

PARENT PERMISSION AND RELEASE FORM FOR HIGH SCHOOL BIGS

I, _____ give permission for my daughter/son,
_____ to volunteer as a High School Big Brother or Big Sister. I understand that the minimum time she/he will be volunteering is one year, and that she/he will spend a minimum of 4-6 hours per month with the youth they may be matched with.

I understand that her/his involvement in the Big Brothers Big Sisters program will be under the guidance of Big Brothers Big Sisters Staff.

Transportation is the responsibility of my daughter/son. I feel this is a good opportunity for my daughter/son and fully support and recommend her/his involvement with the program.

Please accept this permission form as a positive reference for my daughter/son to participate in this program. By signing below I also give Big Brothers Big Sisters permission to use any photographs and/or video footage from any agency sponsored activities or events that my child may attend as promotional materials for promotional purposes.

Parent/Guardian Signature

Date

MEDICAL RELEASE FORM FOR HIGH SCHOOL BIGS

I hereby authorize Big Brothers Big Sisters of Fond du Lac County, Inc. to act on my behalf in obtaining emergency medical treatment for my son/daughter,

_____, while involved in agency sponsored activities if I am unavailable to do so myself.

Parent/Guardian Signature

Date

Work Phone

Cell Phone

Home Phone

Emergency Contact

Relationship

Phone Number

Insurance _____ Number _____

Doctor _____ Phone _____

Allergies _____ Medications _____