

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 school year, and that she/he will spend an hour each week with an elementary school student.

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,

_____, 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 _____



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.

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



Big Brothers Big Sisters of Fond du Lac County
 448 S. Military Road Fond du Lac, WI 54935
 Office: 920-922-8200 Fax: 920-922-7696

SCHOOL/SITE BASED HIGH SCHOOL BIG APPLICATION

| | | | | | | | | |
|---|--|------------------------------|-------|-------------------------|--------------------|----------------|--------|------|
| 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

*Obtaining references is a required part of our enrollment process. In order to collect your references in a timely manner, we ask that you provide us with as much information as possible. **We have found the fastest way to obtain a reference is through email, so if your references have email addresses, please provide them below.** We ask that you inform your references that we will first email them, followed by calling, then sending out a reference form to be faxed or mailed back to the office. If we are unable to obtain information from your references, you will be requested to take the responsibility for ensuring your references contact us. **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.***

| | | | | | | | |
|---|--|--------|--------------------------------|--|-----------------|--|------|
| 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 to be a Big Brother or Big Sister (or have been)? Yes No | | | | | Where and When: | | |
| What, if any, other youth organizations have you worked for or been involved with as a volunteer? | | | | | | | |



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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, I will be asked to provide additional personal information prior to making any recommendations for assignment.

Signature

Date



Fond du Lac School District

VOLUNTEER CONFIDENTIALITY POLICY

Confidentiality is strong consideration in volunteering with the Fond du Lac School District. Confidentiality is also a major consideration when individual buildings and classrooms are in need of volunteers.

Communication of personal and educational information regarding students, parents, staff or associate must be regarded as confidential. Student's academic and medical records, telephone contacts and information about students, families, employees of the district acquired through volunteering must NEVER be communicated beyond the scope of professional and paraprofessional personnel who require such information to work with the student. Questions regarding the practice, policies, types of cases and/or internal problems should be directed to the administrator.

This policy concerning confidentiality shall emphasize that any infringement will be considered a gross violation of rules and may lead to immediate discontinuing of volunteer relationship with the Fond du Lac School District.

I have read and understand the above.

SIGNATURE

DATE

SCHOOL-BASED 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.

Name: _____ Date: _____

School / Site location preference: _____

Day of the week/time available to volunteer: _____

1. What is your marital status?

Single Married Divorced Domestic Partner Widow(er)

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

Watching events or activities Actively participating in activities Both

3. What is the highest level of education you have attained in years? _____

4. Name of current employer or school (if student): _____

Address: _____

5. Do you have transportation available to your selected site? Yes No

6. In identifying a youth for you to work with, are there any special considerations you want us to know about?

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

7. Are you experiencing any physical/mental health problems/issues that could affect a match?

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

8. Have you ever been charged with or convicted of a crime?

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

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

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

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

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

12. 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