

Big Brothers Big Sisters of Wood County
School Buddy Program
A United Way Partner Program



High School Big Application

Name: _____ Date: _____

Home Address: _____

Home Phone: _____ Cell #: _____ E-mail: _____

Date of Birth: _____ Employer (if employed): _____

Year in School: _____ Do you speak Spanish? _____

Do you have a driver's license? _____ License #: _____

Parent's Name(s): _____

Parent's Phone: _____ Parents Employer: _____

References

Please type or print information requested for two references:

1) a teacher or school counselor who knows you well; 2) an adult employer, co-worker or friend who has known you for at least 2 years.

1. School Name: _____

Teacher's/Counselor's Name: _____

Address: _____

Day Phone#: _____ Fax #: _____ E-mail: _____

2. Employer, adult co-worker or friend's Name: _____

Address: _____

Day Phone #: _____ Fax #: _____ E-mail: _____

Have you ever applied before to be a Big Brother or Big Sister? _____

If so 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 Big Brothers Big Sisters 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 making any recommendations for assignment.

Signature

Date

Big Brothers Big Sisters is an Equal Opportunity Agency. Our practices are without regard to age, race, color, religion, sex, disability, sexual orientation, marital status, pregnancy, national origin, or any other legally protected status in accordance with applicable local, state and federal anti-discrimination laws.

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Parent Permission and Release Form
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 _____.

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.

Parent Signature

Date



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Volunteer Guidelines



Volunteer Ground Rules - School Mentoring Program

1. I understand that seeing my School mentee consistently is one of the most important things I can do as a Mentor, therefore, I will see my mentee once a week.
2. I understand that all contact with my School mentee is restricted to school grounds.
3. I understand that this is a one-to-one relationship between my mentee and me.
4. I understand that I might be privy to personal information about my mentee and his/her family members, which I will keep confidential.
5. I will maintain regular contact with the Big Brothers Big Sisters School Buddy Coordinator by responding to phone calls, e-mails or letters.
6. If a problem arises in my match relationship, or if my place of employment, residence, or telephone number changes, I will notify the Big Brothers Big Sisters Agency immediately.
7. I understand that I will be asked to participate in a program evaluation.
8. I will adhere to school procedure for match visits, including verifying my mentees attendance on match visit days and contacting the school if I am unable to meet with my School mentee.

The information given in this application is correct and accurate to the best of my knowledge. I have reviewed all of my responses before forwarding this document to the Big Brothers Big Sisters Agency.

Signature: _____ Date: _____

Please, do not hesitate to call the staff at BBBS if you have any questions or concerns, no matter how small they may seem to you.

Confidentiality Policy

The BBBS of Wood County 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.

All records are considered the property of the agency and not the agency workers or clients or volunteers themselves. Records are not available for review by the clients or volunteers.

1. Information will be released to other individuals or non-BBBS organizations only with the client or volunteer's written consent.
2. Identifying information regarding clients and volunteers may be used in agency publications or promotional materials unless the clients or volunteer request otherwise.
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.
4. Members of the Board of Directors or evaluators appointed by the Board have access to client files upon authorization of the Board of Directors.
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.
7. State law mandates that suspected child abuse be reported to the appropriate authorities (name designated state agency).
8. If an 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 a medical referral or report to the local law enforcement authorities.
9. At the time a child or volunteer is considered as a match candidate, information is shared between the prospective match parties. The information about the volunteer may include such items as: age, sex, race, religion, interests, hobbies, marriage, family status, sexual orientation, living situation, etc. Information about the child may include such items as: age, sex, race, religion, interests, hobbies, family situation, etc.

I agree to program participation under the above conditions.

Client's/Volunteer's Name

Date