

Big Brothers Big Sisters of Central Texas Child Application

Dear Parent/Guardian:

Thank you for your interest in our program. Big Brothers Big Sisters is a non-profit agency that matches children in need of support with a Big Brother, Big Sister or a Big Couple (couples who act as mentors to one child). These Bigs provide a positive role model and friend to their Little Brothers or Sisters by spending quality time with them.

What is a Big? A Big is a mature adult, age 18 to 80, who has committed to spending time with his or her Little three times a month for a minimum of one year.

What is a Little? A Little Brother or Sister is a child, ages of 6-16, who is in need of an adult friend. Our Littles come from all different backgrounds and socio-economic groups.

What is a Match Support Specialist? A Match Support Specialist is a professional staff member who is there to encourage, guide and support the volunteer and child throughout the life of the match.

What is the benefit of Big Brothers Big Sisters? The individualized interest and companionship that a child receives from a Big has proven to keep kids off drugs and alcohol, keep them from acting violently and keep them in school.

ENROLLING YOUR CHILD:

1. Fill out the attached application for your child. Please return the application by mail: Big Brothers Big Sisters of Central Texas, PO Box 4555 Austin, TX 78765-4555. You can also fax it to 512-472-5460. Or you can hand deliver it to our office at 4800 Manor Road Building K Austin, TX 78723.
2. A Customer Relations Specialist will call to set up an interview with you and your child. The interview will take place in your home and will last approximately an hour and a half. You and your child must both be present at the interview.

PLEASE NOTE: Currently, we have a wait list to be matched in our program and the wait time is generally longer for boys.

We need you to call us regularly to update the information in your child's file and check your status on the wait list. **If we try to reach out and are unable to contact you with the information on file, we will close your file until you contact the agency.**

CONTACTING BBBS: To contact BBBS with questions about our program or the status of your child's application, please call 512-442-4646.

Big Brothers Big Sisters of Central Texas is dedicated to providing the highest quality of services to our clients, volunteers and stakeholders. If, for any reason, a client or volunteer feels he/she has not been treated fairly or received the service expected, they can contact BBBS at 512-472-5437 to review and be directed through the appropriate steps of the "Client Grievance Procedure" to resolve all matters.

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Please type and complete all fields.

GENERAL INFORMATION

Today's Date: _____

Parent/Guardian's Name: _____ Child's Name: _____

Home Address: _____

County: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Mobile Phone: (____) _____

Best Time to Call: _____ Email: _____

Parent/Guardian's Place of Employment: _____ May we contact you at work? Yes No

Child's Date of Birth: _____ Gender: M F Child's Ethnicity: White Black Hispanic Asian Other

Child's Current Grade: _____ School Name: _____

Is your child an AISD student? Yes No If yes, please provide your child's student ID# (required) _____

Our agency will use your student's ID # in order to evaluate the effectiveness of our programs and/or interventions. We will also provide these ID #s to our funder, United Way, so that they can combine our outcomes with the outcomes of other programs they fund to evaluate across all of their initiatives. Big Brothers Big Sisters and United Way will submit student ID numbers for participants, as a group, into the AISD Student Aggregate Report system to generate group reports on our participants' attendance, discipline and academic achievement. We will not receive back individual information about your student.

If we are unable to reach you, who is someone we could call who always knows how to reach you?

Name: _____ Phone: (____) _____

Is one of the child's parents a United States veteran? Yes No Is one of the child's parents active duty military? Yes No

If yes, please list relation to child and rank: _____ If yes, are you able to provide documentation of veteran status? Yes No

Is Parent/Guardian Receiving Income Assistance? Yes No Is Child Receiving Free or Reduced Lunch? Yes No

Has your child had any involvement with law enforcement or the juvenile justice system such as:

Police	<input type="checkbox"/> Yes <input type="checkbox"/> No	Runaway	<input type="checkbox"/> Yes <input type="checkbox"/> No	Arrest	<input type="checkbox"/> Yes <input type="checkbox"/> No
Truancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Misdemeanor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Probation	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to any of the above, please describe: _____

Has your child had any school-related offense resulting in suspension, expulsion or required attendance at an alternative learning center (ALC) Yes No If yes, please describe: _____

Would you accept a Big Sister for your male child under 10 years of age? Yes No

Does your family have any plans to move out of the Austin area in the next year? Yes No

Will your child be able to meet with their Big once a week in the evenings or on the weekend? Yes No

ECONOMIC STATUS

Total number of adults living in the household: _____ Total number of children living in the household: _____

Gross Annual Income: (check the appropriate box)

0-\$10,000 \$10,001-\$15,000 \$15,001-\$20,000 \$20,001-\$25,000
 \$25,001-\$30,000 \$30,001-\$35,000 \$35,001-\$63,000 \$63,000+

ABSENT PARENT INFORMATION

**Big Brothers Big Sisters of Central Texas
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Parent's Full Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Mobile Phone: (____)

Date of: Separation: _____ Divorce: _____ Death: _____

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ADDITIONAL QUESTIONS

1. What is the primary reason for you wanting your child to have a Big Brother or Big Sister? _____
2. Where did you hear about Big Brothers Big Sisters? Please check all that apply and provide details in space given.

<input type="checkbox"/> School _____ <input type="checkbox"/> Relative _____ <input type="checkbox"/> Faith Organization _____ <input type="checkbox"/> Service Organization _____	<input type="checkbox"/> Website _____ <input type="checkbox"/> Self _____ <input type="checkbox"/> TV/Radio _____ <input type="checkbox"/> Other _____
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3. What is your living situation?

<input type="checkbox"/> Two-parent household <input type="checkbox"/> One-parent household (<input type="checkbox"/> Female / <input type="checkbox"/> Male) <input type="checkbox"/> Other relative of child (non-parent) <input type="checkbox"/> Foster Home	<input type="checkbox"/> Group Home <input type="checkbox"/> Other: _____
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4. What is your relationship to the child?

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Relative <input type="checkbox"/> Non-Relative	<input type="checkbox"/> Foster Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Clergy <input type="checkbox"/> Probation Officer	<input type="checkbox"/> Self-Emancipated Minor <input type="checkbox"/> Social Worker <input type="checkbox"/> Case Manager <input type="checkbox"/> Other: _____
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5. Does your child have siblings or relatives who are applying for the BBBS program at this time or who are currently in the program?

Yes No If yes, please provide their name(s). _____
6. Does your child have any medical conditions that might affect him or her participating in activities with a Big Brother/Big Sister?

Yes No If yes, please describe: _____
7. Is there a person who shares custody of this child?

Yes No If yes, are they aware of the child's enrollment in the BBBS program?: Yes No
8. Do you anticipate any significant life changes over the next year or have you had any in the past year?

Yes No If yes, please explain: _____
9. We have a special program for children with an incarcerated family or household member (currently in jail or prison). Does your child have a family member who is currently incarcerated, on probation, or parole? This can include any family member. If your answer is "yes" your child may be able to be matched more quickly in the BBBS program.

Yes No Relationship of this person to the child: _____

Status of this person (please check one): **incarcerated** / **on probation** / **on parole**

I give my permission for my child, _____, to participate in the Big Brothers Big Sisters program. I understand that the BBBS agency 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 personal information. If my child is matched with a Big Brother or Big Sister, I agree to support my child's match and to immediately report any concerns I might have to the Big Brothers Big Sisters staff.

Parent/Guardian Name: _____ **Signature:** _____ **Date:** _____

MEDICAL AUTHORIZATION/RELEASE FOR TREATMENT

I grant permission to the emergency staff in the emergency area of any hospital or clinic to perform any medical or surgical treatment and to administer such anesthetics and/or drugs as may be deemed necessary in the diagnosis and treatment of my child _____.

Parent/Guardian Name: _____ **Signature:** _____ **Date:** _____

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CONFIDENTIALITY POLICY

Access to Confidential Records

In order for Big Brothers Big Sisters of Central Texas (BBBS) to provide a responsible and professional service to clients, it is necessary for volunteers, clients, and parents/guardians of clients to be asked to divulge extensive personal information about themselves and their families. The agency respects the confidentiality of clients and volunteer records and with the exception of situations listed below, shares information about clients and volunteer only among the agency professional staff. The right to confidentiality applies not only to written records, but to video, film, picture, or nonconsensual use of client or volunteer's name or image in agency publications.

All records are considered the property of the agency and not agency workers, clients or volunteer 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. Information gathered from references, criminal history reports, school reports, or counselor reports will not be shared with volunteers or clients. Records are not available for review by the client or the volunteer. This confidentiality also extends to screening committee decisions. These decisions are confidential and the reasons for the committee's decisions will not be divulged to either the volunteer or the client. By signing this statement, you agree that you have read and understand the agency policy on confidentiality and agree to program participation under the guidelines it sets forth.

Limits of Confidentiality

A summary of information only will be released to other individuals or organizations only upon presentation of and authorized "consent to release information" form appropriately signed by the client or volunteer.

Identifying information regarding images of clients and volunteers may be used in agency publications or promotional materials if the client or volunteer has given permission.

For matching purposes, if the client or volunteer has given permission, anonymous identifying information such as, but not limited to, age gender, ethnicity, religion, interest, hobbies, marriage, and family status, living situations, and reason for applying to the program will be exchanged between volunteer and client.

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 purposes stated in the approval action of the Board of Directors. Known violation of agency confidentiality policy will be reported to the supervisor of the individual involved and appropriate disciplinary action shall be requested.

Members of the Board of Directors have access to client files only upon authorizations 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 violation 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.

Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena. Information shall be provided to the 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.

State law mandates that suspected child abuse be reported to Child Protective Services. All workers are responsible for staying abreast of such reporting requirements of their respective jurisdiction and shall always comply with mandated procedures. In the event of alleged child abuse by a current or former volunteer, basic information (name, address, phone number, date of birth, social security number, and driver's license number) will be shared upon written request from a law enforcement agency. If an agency worker receives information indicating that a client or volunteer may be dangerous to him/herself or to others, necessary steps will be taken to protect the appropriate party. This may include a medical referral or a report to the local law enforcement authorities.

PLEASE NOTE: Information submitted will be regarded as strictly confidential and will be shared only with authorized persons. Any information that could affect the relationship between volunteer and the child will be disclosed to the parent and volunteer before the match is made.

PLEASE SIGN: 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.

Parent/Guardian Name: _____ **Signature:** _____ **Date:** _____

I hereby give Big Brothers Big Sisters of Central Texas, Inc., my permission to obtain and share information about my child with any other community agency or school system.

Parent/Guardian Name: _____ **Signature:** _____ **Date:** _____