



## CB CHILD ENROLLMENT APPLICATION

### CHILD INFORMATION:

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parents Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work \_\_\_\_\_ Child's Cell Phone \_\_\_\_\_

Child T-Shirt Size: \_\_\_\_\_ \*Is the student eligible for free/reduced price lunch at school?  Yes  No

**Please answer all the questions below. There are no right or wrong answers. ☺**

What do you like about school? \_\_\_\_\_

What don't you like about school? \_\_\_\_\_

Name 3 interests and hobbies: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Tell me a little bit about your family. \_\_\_\_\_

\_\_\_\_\_

What area(s) would you like a Mentor to help you with? \_\_\_\_\_

(please check the box that applies to you)

- |                                                            |                                                     |
|------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Getting along with teachers       | <input type="checkbox"/> Getting along with friends |
| <input type="checkbox"/> Getting along with people at home | <input type="checkbox"/> Other _____                |

What would you like to learn about your Mentor? \_\_\_\_\_

\_\_\_\_\_

How would you describe yourself? \_\_\_\_\_

Do any of these words describe you as well?

- |                                   |                                                      |                                            |
|-----------------------------------|------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Loud     | <input type="checkbox"/> Organized                   | <input type="checkbox"/> Artistic/ musical |
| <input type="checkbox"/> Quiet    | <input type="checkbox"/> Need help getting organized | <input type="checkbox"/> Athletic          |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Need help with schoolwork   | <input type="checkbox"/> Do my own thing   |
| <input type="checkbox"/> Shy      | <input type="checkbox"/> Follow others               | <input type="checkbox"/> Other _____       |

**PARENT/GUARDIAN INFORMATION:**

Parent(s) or Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Can be reached at work?  Yes  No

Cell Phone/Pager: (\_\_\_\_\_) \_\_\_\_\_

Is either parent serving active duty in the military  Yes  No

If yes, parent is or will be deployed within the next 6-12 months?  Yes  No

\*Is either parent serving a sentence in a local facility, or state or federal prison?  Yes  No

Name of Institution \_\_\_\_\_

\*How many people are currently living in your household? \_\_\_\_\_

**Please provide the Name, age and relationship to child of all persons living in the home:**

NAME	AGE	RELATIONSHIP TO CHILD
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- \*Household Income
- |                                          |                                          |                                            |
|------------------------------------------|------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> below \$10,000  | <input type="checkbox"/> \$35,000-39,999 | <input type="checkbox"/> 100,000-\$124,999 |
| <input type="checkbox"/> \$10,000-14,999 | <input type="checkbox"/> \$40,000-44,999 | <input type="checkbox"/> 125,000-149,999   |
| <input type="checkbox"/> \$15,000-19,999 | <input type="checkbox"/> \$45,000-49,999 | <input type="checkbox"/> 150,000-199,999   |
| <input type="checkbox"/> \$20,000-24,999 | <input type="checkbox"/> \$50,000-59,999 | <input type="checkbox"/> over \$200,000    |
| <input type="checkbox"/> \$25,000-29,999 | <input type="checkbox"/> \$60,000-74,999 | <input type="checkbox"/> Unknown           |
| <input type="checkbox"/> \$30,000-34,999 | <input type="checkbox"/> \$75,000-99,999 | <input type="checkbox"/> Income assistance |

**\*I receive Ohio Works First cash payments or other Dept. of Job and Family Services benefits (Medicaid, food stamps, Title 20, cash assistance, etc.)**  Yes  No

- \*Living Situation:
- |                                                                  |                                           |
|------------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> One Parent – Male / Female (circle one) | <input type="checkbox"/> Two Fathers      |
| <input type="checkbox"/> Two Parent (married)                    | <input type="checkbox"/> Two Mothers      |
| <input type="checkbox"/> Two Parent (not married)                | <input type="checkbox"/> Sibling Guardian |
| <input type="checkbox"/> Grandparent(s)                          | <input type="checkbox"/> Group Home       |
| <input type="checkbox"/> Other Relative _____                    | <input type="checkbox"/> Foster Home      |

**Has your child been involved with any Big Brothers Big Sisters program before?**  Yes  No

**If yes, where and when?** \_\_\_\_\_

Does your child take any medications?  Yes  No

If yes, what for? \_\_\_\_\_ Dosage? \_\_\_\_\_

Does your child have special needs, food allergies or any physical limitations?  Yes  No

Please list: \_\_\_\_\_

Does your child participate in any school-related sports, clubs or organizations?  Yes  No

Please list: \_\_\_\_\_

Please list areas that your child could use help with in school: \_\_\_\_\_

Does your child need assistance with?  Reading  School performance  Classroom behavior  
 Self-esteem  Other \_\_\_\_\_

Please list any preferences regarding your child's Mentor: \_\_\_\_\_

\*Does your child have an open or substantiated case of child abuse and/or child neglect?  Yes  No

Please include any additional information that would be helpful for your student's Mentor to know: \_\_\_\_\_

**IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, PLEASE NOTIFY:**

Full name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Circle one:      Cell      Home      Work  
                                    

**\*All information remains confidential. This information is used for funding only.  
Your child's name *will not* be used.**

## Consent to Obtain and Release Information School Form

I hereby consent and authorize my child's school to disclose and release to Big Brothers Big Sisters of East Central Ohio, my child's academic, attendance, and behavioral information for the current, future, and previous school years. I understand that this information may be used to confirm application requirements, provide match support and guidance, and for statistical purposes. Big Brothers Big Sisters of East Central Ohio agrees to maintain the confidentiality of my child's information. I also understand that my consent to and authorization of the disclosure and release of this information to Big Brothers Big Sisters shall continue for the time that my child participates in the program or until such time as I revoke my consent in writing, whichever occurs first.

I hereby consent and authorize Big Brothers Big Sisters of East Central Ohio to utilize my child's academic, attendance, and behavioral information from their school for the purposes of discussions with my child's mentor. This includes but is not limited to, my child's transcript and grade card at the end of each nine week grading period. This information will be shared with your child's mentor so they may engage in discussions about education and future goals, and help support your child through the mentoring relationship.

*Instructions: Please complete all information. Please print*

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_

Teacher's Name \_\_\_\_\_ Grade \_\_\_\_\_

I have read and fully understand the content of this form. If I do not read, this form has been read and explained to me..

\_\_\_\_\_  
Signature of Parent/ Authorized Person Date

\_\_\_\_\_  
Relationship to Child

## Determination of Enrollment Eligibility

I request that the Big Brothers Big Sisters of East Central Ohio determine eligibility for mentoring services for my child (ren). The services offered include individual, couples and family matches. I understand that I have the right to accept, or not accept, any volunteer(s) chosen as a mentor for my child (ren). I will abide by the rules and responsibilities established by the association to help make the best match possible for my child(ren). I understand that my signature does not guarantee that a volunteer will be found for my child(ren).

\_\_\_\_\_  
Signature of Parent/ Authorized Person

\_\_\_\_\_  
Date



### Medical Authorization

I, \_\_\_\_\_, (parent/ guardian name) give permission for my child, \_\_\_\_\_ (child's name) to participate in the Big Brothers Big Sisters of East Central Ohio program. Further, I agree to emergency medical treatment for him/ her when regular service cannot be supplied by my own doctor.

In consideration of the above, the undersigned parent releases and discharges Big Brothers Big Sisters of East Central Ohio, its staff, lay officer, volunteers, and agents from all liability in connection with said child's/ children's participation in its program and activities.  
Insurance, if any

\_\_\_\_\_  
Please list child's allergies \_\_\_\_\_

\_\_\_\_\_  
Emergency Contact Person and Phone Number \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Authorized Person

\_\_\_\_\_  
Date



### Consent to Photograph and/or Videotape

I, \_\_\_\_\_, (parent/ guardian name) hereby give permission to Big Brothers Big Sisters of East Central Ohio to photograph and/ or videotape my child during activities for the purpose of promotion of the Big Brothers Big Sisters program. I also give my same permission to use my child's name in newsletters or publications for the purpose of promotion of the Big Brothers Big Sisters program. **This release will expire only upon my written notice to cancel this consent.**

\_\_\_\_\_  
**Signature of Parent/Authorized Person**

\_\_\_\_\_  
**Date**

**Or**

I **do not** give permission for my child's picture or name to be used in promotion of agency events and programs.

\_\_\_\_\_  
**Signature of Parent/Authorized Person**

\_\_\_\_\_  
**Date**



## Activity/Transportation Release

I hereby signify that I understand that Big Brothers Big Sisters of East Central Ohio and all other organizations and persons connected with BBBS sponsored activities are not to be held responsible for any injuries which I or my child may suffer while taking part in such activities or as a result thereof. I also hereby signify that I understand that the volunteer and/or staff from the BBBS organization will be transporting my child to and from activities and match related outings. BBBS will not be held responsible for any injuries which my child may suffer while being a passenger in the volunteer's/staff person's car.

In this connection, I hereby waive any claim for damages to my person or property against BBBS.

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**Signature of Parent/Authorized Person**

**Date**

CHILD'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**CONSENT TO OBTAIN AND RELEASE INFORMATION**

**PURPOSE OF NEED FOR DISCLOSURE:**

\* To aid in evaluating the child's family's specific needs/issues so that staff may facilitate/maintain the most appropriate programs to enhance the child's mental and emotional growth.

\*To fulfill the standards of our organization.

**SPECIFIC AGENCY INFORMATION TO BE DISCLOSED:**

\*Psychological, social and/or behavioral issues which would affect the child's interaction in group activities.

Big Brothers Big Sisters of East Central Ohio, Inc. is hereby granted my permission to release and/or obtain information from:

*Instructions: Place an "X" on the line for each agency you are or have been involved with and write the name of the person providing services at that agency.*

AGENCY	AGENCY ADDRESS AND PHONE NUMBER	PERSON PROVIDING SERVICE
<input type="checkbox"/> Community Mental Health	_____	_____
<input type="checkbox"/> PFCS	_____	_____
<input type="checkbox"/> Family & Children First	_____	_____
<input type="checkbox"/> Children's services	_____	_____
<input type="checkbox"/> Dept. of Job and Family Services	_____	_____
<input type="checkbox"/> Harbor House	_____	_____
<input type="checkbox"/> Other agency (Specify)	_____	_____
<input type="checkbox"/> Other agency (Specify)	_____	_____
<input type="checkbox"/> Other agency (Specify)	_____	_____

*I have read and fully understand the content of this form. If I do not read, this form has been read and explained to me. This consent to disclose may be revoked by me in writing at any time, except to the extent that action has been taken in reliance thereon. **This consent, unless expressly revoked earlier, expires at case closure.** Any information obtained as a result of this release will not be re-disclosed by Big Brothers Big Sisters of East Central Ohio.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Social Security Number

\_\_\_\_\_  
Child's Date of Birth

# Confidentiality Policy/Management of Confidential Information

Purpose: The Board of Trustees of Big Brothers Big Sisters of East Central Ohio has determined that in order for children, parent/guardians and volunteers to be open and honest in their relationships with the agency and in order for the agency to protect the confidentiality of extensive personal information about these persons and their families, it is necessary to adopt this policy governing the management of confidential information. The agency respects the confidentiality of child and volunteer records and shares information only among agency professional staff and as otherwise described in this policy.

Information and Documents Considered Confidential: Confidential information includes all private and personal information used to accept or reject clients, to accept or reject volunteers, and to supervise matches, such as school records, medical records and information received from interviews and phone contacts. Confidentiality also applies to video, filming, pictures and use of a client's or volunteer's name or photograph in agency publications, unless specifically waived.

Access to Confidential Information. No one internally or externally will be given access to view confidential agency records without the express consent of the Board of Trustees of Big Brothers Big Sisters of East Central Ohio, except that Big Brothers Big Sisters of America representatives are given access for purposes of program evaluation and the following persons are permitted access to child and volunteer records in order to fulfill their job functions for the agency: Anyone given access to files, must first review and sign the agency confidentiality policy.

President & Chief Executive Officer  
Quality Assurance Officer

- Program Staff
- Program Assistants (under professional supervision only)
- Human Resources Director
- Support Staff as designated by the CEO or the VP of Programs
- Volunteers (under professional supervision only)
- Student Interns/Work Study (under professional supervision only)

Exceptions to limited access are as follows:

Information may be provided to law enforcement officials or the courts pursuant to a valid subpoena without the individual's or agency's consent.

Information may be provided to the agency's legal counsel in connection with potential litigation involving the agency.

Agency personnel must report suspected child abuse to appropriate authorities as required by state law.

Agency personnel who receive information indicating a client or volunteer may be dangerous to himself/herself or others must take necessary steps to protect the appropriate party(ies), including a medical referral or report to local law enforcement authorities.

Information may be provided and file reviews may be conducted by agency auditors, funding agencies or other entities as approved by the CEO and only under professional supervision.



The Board of Trustees may grant access to child or volunteer files only upon authorization by formal motion approved by the board. The motion must state who is authorized to review records, the specific purpose for the review and the limited period of time during which access shall be granted.

Release of Confidential Information: All client and volunteer files are property of the agency, not of clients, parents/guardians, volunteers or agency personnel. Volunteers, rejected applicants, clients, parent(s), etc. are not given direct access to confidential information in their files in order to maintain the integrity of the agency's reference sources, program staff and collateral contacts.

Identifying information will not be made public, except names and photographs of clients and volunteers may be used in agency publications unless the client or volunteer withholds permission to use that information. Information in source documents, clients' files and volunteers' files is shared with individuals or outside organizations only under the following conditions:

A **release form** signed by a volunteer or client's parent(s)/guardian(s) requesting release of certain information in that person's file is presented to the program staff member, authorizing the agency to release specific information. The signature on the form must be original and genuine.

All requests for release of information must be approved by the Vice President of Programs or his/her designee.

Records are not duplicated; volunteer or client files are not reproduced and sent.

Information that is specifically requested is summarized in writing and forwarded to the requesting person.

A copy of the release and the written summary is placed in the appropriate file.

Requests for Confidential Information from Other Sources: When a program staff member wishes to obtain information from another organization or individual in order to perform intake, matching or supervision of a match, he/she will use the standard release of information form that has been signed by the client's parent(s)/guardian(s) or volunteer. A copy of the signed release shall be filed in the client's or volunteer's file with a copy of the letter requesting the information.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## DIGITAL TECHNOLOGY AND SOCIAL NETWORKING POLICY

Big Brothers Big Sisters of Central Ohio recognizes that social networking on the internet is prevalent for volunteers, mentees and mentees' families. To protect our children and their families, we expect volunteers to adhere to the following BBBS CO Digital Technology and Social Networking Policy, to ALL guidelines defined by social media sites, and to ALL state and federal laws. BBBS CO reserves the right to monitor the social networking activities of volunteers, and to request that a volunteer delete inappropriate information from a social media site. If a volunteer is seen using social networking in an excessively inappropriate manner, his or her relationship with our organization could be terminated.

### I. Child Safety and Appropriate Social Networking

Child safety is our #1 priority. Volunteers choosing to engage in social media are expected to maintain an appropriate presence on social media, **even if they are not “connected” with their mentee through social media sites**. Volunteers serve as role models for a child and the community.

- Volunteer should ensure that posts, tweets, photos and comments are appropriate and kid-friendly.

### II. Confidentiality and Privacy

BBBS CO requires its volunteers to respect the confidentiality and privacy of the children and families of Big Brothers Big Sisters in every respect, including social networking. This applies even if the volunteer is not “connected” with their mentee through social media sites. **Volunteers must follow these requirements regarding confidentiality on their own and others' social media sites.**

- Written parental permission is required to post, share or tweet photos or videos of their mentee.
- Never post, share, tweet or tag their mentee's full name, location, city, address, school or other personal information such as where his/her parent/guardian works.
- Volunteers should not use geo-positioning applications when they are with their mentee.

### III. “Connecting” with Mentees Through Social Networking

**Mentors in a Community-based or Dual match may not initiate or accept an invitation to “connect” or “follow” his/her Little or member of the Little's family on any social media site without written parental permission**

*I GIVE MY CHILD(REN) PERMISSION TO COMMUNICATE WITH THEIR BIG(S) THROUGH SOCIAL MEDIA SITES. I HAVE READ THE BBBS DIGITAL TECHNOLOGY AND SOCIAL NETWORKING POLICY, REGARDING “CONNECTING” AND “FOLLOWING” ONE ANOTHER:*

YES

NO

---

Parent/Guardian Signature

Date