

## 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:				
Possession of a driver's license is not a requirement to participate in any of our programs but is required if you will be transporting a youth in any vehicle you are operating.								
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 three references:**

- 1) a teacher or school counselor who knows you well;**
- 2) a co-worker, supervisor, or adult family friend who has known you for at least 2 years;**
- 3) a parent.**

1. School Name:			Teacher's Name		
Address:		City:		State:	Zip:
Day Phone #:		Fax #:		Email:	
2. Coworker or Friend:					
Address:		City:		State:	Zip:
Day Phone #:		Fax #:		Email:	
3. Parent:					
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?					

**(continued on next page)**

I understand that:

- 1) The references I listed may be contacted by mail, telephone, or email;
- 2) I am in no ways obligated to perform any volunteer services;
- 3) The information I provided may be used to conduct a background check if I am over the age of 18, 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 you with a youth; and,
- 5) As part of our enrollment processes, we will be asking you to provide additional personal information prior to making any recommendations for assignment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PRE-INTERVIEW QUESTIONNAIRE FOR VOLUNTEER

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 their child will be matched with. But 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 program.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please list information about all others living in your household:

NAME	AGE	RELATIONSHIP

1. Would you describe yourself as a person who enjoys watching events or activities, actively participating in activities, or both?

\_\_\_\_\_

2. Are you experiencing any physical or mental health problems? Answer YES or NO. If YES, please provide a description.

\_\_\_\_\_

3. Have you ever been arrested, charged, or convicted of a crime? Answer YES or NO. If YES, please provide a description.

\_\_\_\_\_

4. How long have you lived in the area? \_\_\_\_\_

5. Do you anticipate any significant life changes over the next year or have you had any in the past year? Answer YES or NO. If YES, please provide a description.

\_\_\_\_\_

6. Do you speak any foreign languages? Answer YES or NO. If YES, please specify language(s).

\_\_\_\_\_

7. Which do you enjoy more: (**CIRCLE ONE**) Indoor Activities, Outdoor Activities, or No Preference?

8. **SCHOOL BASED** - Day of the week, and time of the day you may be available to volunteer?

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9. What is your marital status: (**CIRCLE ONE**) Single, married, divorced, domestic partner, or widow(er)?

10. What is the highest level of education you have attained in years? \_\_\_\_\_

11. Do you have transportation?  YES  NO

12. In identifying a youth for you to work with, are there any special considerations you think we should know about? Answer YES or NO. If YES, please provide a additional information.

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13. Before we continue with some additional questions about your personal background and life, is there anything else you would like to tell us about yourself or any questions you have for the interviewer?

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Signature

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Date



**BIG BROTHERS BIG SISTERS OF CENTRAL ARKANSAS**

312 West Pershing

North Little Rock, AR 72114

Phone: (501)374.6661 \* FAX: (501)375.0906 \* Email: mentor@bbbsca.org

**Authorization for Release of Confidential Information  
Arkansas Child Abuse and Neglect Registry.**

I hereby authorize and request that the Arkansas Department of Human Services search the Child Abuse and Neglect Central Registry and release to me and to Big Brothers Big Sisters of Central Arkansas any information indicating the undersigned applicant as an alleged perpetrator of suspected child abuse/neglect. I understand that the name of any confidential informants, or other information, which does not pertain to me as an alleged perpetrator, will not be released. Further, I authorize and request that one copy of the information be sent to me, and that one copy be sent directly to Big Brothers Big Sisters of Central Arkansas, Inc. at 312 West Pershing, North Little Rock, AR, 72114. **Send to the attention of Carole DeLaney, Program Director.** This information is released solely for use by Big Brothers Big Sisters, and may not be published or released by them.

Applicant's Name ( PRINT )

Social Security Number

Maiden Name / Aliases

Full Name / Age Children

Race Age / DOB

Full Name / Age Children

Current Address:

Full Name / Age Children

From \_\_\_\_\_ To PRESENT

Former Address:

**Signature of Applicant**

From \_\_\_\_\_ To \_\_\_\_\_

**FOR OFFICE USE ONLY**

COUNTY OF \_\_\_\_\_ ) STATE OF ARKANSAS )

Acknowledged before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Signature of Notary Public

# Confidentiality Policy

TO BE READ AND SIGNED BY AGENCY CLIENTS AND VOLUNTEERS

## **STATEMENT OF CONFIDENTIALITY:**

In order for Big Brothers Big Sisters of Central Arkansas 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 situations listed below share information about clients and volunteers **only** among the agency staff. In order to determine the appropriateness of the match selection, information must be exchanged between the volunteer and the parent by the case manager.

All records are considered the property of the agency and not the agency staff 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 themselves. Records are not available for review by 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 that 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.

## **EXCEPTIONS TO CONFIDENTIALITY:**

1. Information will be released to other individuals or organizations **only** upon presentation of an authorized "consent to release of information" from appropriately signed by the client or volunteer.
2. Identifying information regarding clients and volunteers maybe used in agency publications or promotional materials. This includes all forms of media for purposes of publicity, recruitment and fundraising.
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 respect the agency policy on confidentiality. Outside parties 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 disciplinary action shall be requested.

Confidentiality Policy Continued on next page...

Confidentiality Policy Continued...

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 approved action of the Board of Directors. Known violations shall be reported to the Board President. A violation of the agency's confidentiality policy of 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 law mandates that suspected child abuse be reported to the appropriate authorities, ( Social Services and/or Prosecuting Attorney ). All workers are responsible for staying abreast of such reporting requirements of their respective jurisdiction and shall always comply with mandated procedures.
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 a report to the local law enforcement authorities.
9. Information provided by the client or the volunteer, may be shared with the other party by the case manager when a potential match is considered. The names of the client or the volunteer will not be stated until after the match is agreed upon. Client and volunteer will not discuss this information with any person other than the professional staff of the Big Brother Big Sister agency.

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I have read and understand the above document that states the agency policy with respect to confidentiality of client and volunteer records. I agree to program participation under the conditions it sets forth.

\_\_\_\_\_

Volunteer's Signature

Date

**HIGH SCHOOL VOLUNTEERS  
PARENTAL PERMISSION AND RELEASE FORM**

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. I understand that 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.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



**BIG BROTHERS BIG SISTERS**  
**Volunteer Ground Rules for Bigs-in-School**

1. I understand that seeing my Little Brother/Little Sister consistently is one of the most important things I can do as a Mentor; therefore, I will see my Little one hour per week.
2. I understand that all contact with my Little is restricted to school grounds. I also understand that I am not to transport my Little in any manner whatsoever.
3. I understand that the relationship between my Little and me is a one-to-one relationship.
4. I understand that I might be privy to personal information about my Little and family members which I will keep confidential.
5. I will maintain regular contact with the Big Brothers Big Sisters Bigs-in-School Staff by responding to calls and letters.
6. If a problem arises in my match relationship, or if my place of employment, residences, 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 Little's attendance on match visit days and contacting the school counsel and/or the Bigs-in-School Staff if I am unable to meet with my Little.

Big's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

BBBS Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Although our focus is on the Little, please, remember that the staff at BBBS is here for you, our volunteers, also. Please, do not hesitate to call us if you have any questions or concerns, no matter how small they may seem to you.

**BIG BROTHERS BIG SISTERS OF CENTRAL ARKANSAS**

Bigs-in-School Staff:

Amanda Guerin

Holly Ballard

Audry Stanisor

(501)374-6661