

Big Brothers Big Sisters Information:

“Our mission is to invest in children, by providing positive mentors who are making a BIG difference, one child at a time, in San Luis Obispo County.”

- Big Brothers Big Sisters of San Luis Obispo County started in April of 1995 with the first “match.” Since that time over 875 children have been “matched” through our program
- The children we match range in age from 6-16.
- Most of the children we serve come from single parent households but this is not a requirement to be involved with Big Brothers Big Sisters.
- To enroll your child in the Big Brothers Big Sisters program a parent must call and complete an “inquiry” with a staff member. This takes about ten minutes. At this time we will mail you an application packet and make an appointment to interview you and your child. Please return the application packet to us at the interview.
- If your child is accepted into the program they will be placed on the wait list while we find them a suitable Big Brother or Big Sister. We do not match children in order but rather by interest, geographic location and parent and mentor preferences.
- The screening process to become a Big Brother or Big Sister includes checking the National Sex Offender Public Registry, verifying their social security number, checking their Motor Vehicle, national, and county criminal records, 3 references, an interview, and a one hour training class.
- During the time a Big and Little are matched, they are provided with on-going support from the agency staff. A qualified staff member contacts the Big, Little and Little’s parent each month to see how the match is going and if there are any problems. You are also welcome to contact our office in between contacts with any questions or concerns.
- We expect our Bigs and Littles to spend three to four hours together every other week for one year. On the weeks they do not see each other they talk on the phone to each other.
- The beginning commitment is one year, but many matches continue for longer, sometimes lasting a lifetime.

Some facts about those who have been matched with a Big Brother or Sister:

<u>Nationally</u>	<u>Locally</u>
46% less likely to begin using illegal drugs	93% improve their self confidence
27% less likely to begin using alcohol	92% begin to express themselves better
53% less likely to skip school	91% improve their relationships with their families
37% less likely to skip a class	90% improve their relationships with adults
33% less likely to hit someone	80% get along better with peers



PARENT/YOUTH APPLICATION FOR ENROLLMENT

Parent/Guardian's Name:		Child's Name:	
Home Address:	City:	State:	Zip:
Parent's Place of Employment	Work Phone:		
Home Phone:	Parent Email:		
Cell Phone:	Youth Email:		
Best time to call:	Youth's DOB:	Youth's Gender	Youth's Ethnicity:

1. What is the primary reason for you wanting your child to have a Big Brother/Big Sister?
2. What is your living situation?
 Two parent household
 One Parent: Female Male
 Other relative of child (non-parent)
 Foster Home
 Group Home
 Other: _____
3. Please list names, gender and ages of siblings in the home:
4. Approximate household income per year before taxes?
5. Number of persons living in the household?
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 BBBS? 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: _____

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. I consent to my child's picture being used for fundraising, advertising, or promotion throughout the duration of her/his affiliation with Big Brothers Big Sisters of San Luis Obispo County.

Signed: _____ Date: _____



Big Brothers Big Sisters
of San Luis Obispo County

P.O. Box 12644
San Luis Obispo, CA 93406
Office: (805) 781-3226
Fax: (805) 781-3029
office@slobigs.org

CONFIDENTIALITY POLICY

It is the policy of Big Brothers Big Sisters of San Luis Obispo County to respect the confidentiality of client and volunteer records, and share such information solely among agency professional staff. All records are considered the property of Big Brothers Big Sisters of San Luis Obispo County, and not of the agency workers or program participants themselves. All information shared between match parties during the time a match meeting takes place shall remain strictly confidential. No records are available for review by program participants beyond the extent and contents to which the agency and participant mutually agree, with the exception of the circumstances below:

Information will be released to outside individuals, agencies, or organizations only upon presentation of an authorized "Release of Information" form appropriately signed by the client and/or volunteer.

Identifying information regarding clients and volunteers may be used in agency publications or promotional materials only upon presentation of an authorized model release.

For the purposes of program evaluation, audit, or accreditation, Information may be released to certain outside bodies; including, but not limited to Big Brothers Big Sisters of America. All outside parties shall be required obtain the approval of the BBBS Board of Directors prior to the release of information. Acquired information shall be used solely for the purposes stated in the approval action by the Board of Directors.

Members of the Board of Directors may have access to applicant or program participant information upon authorization by a formal motion of the Board of Directors. The motions must state who shall be authorized to review records, the specific purpose for the review, and the period of time during which action will be granted.

Information shall be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena. However, each request from such agencies will be considered individually.

Information shall be provided to Big Brothers Big Sisters of San Luis Obispo's legal counsel in the event of litigation or potential litigation involving the agency. Such information is considered privileged, and its confidentiality is protected by law.

California State Law mandates that suspected child abuse be reported to local the local Child Welfare Services agency. Volunteers are responsible for reporting any suspected child abuse to their Case Managers. The Case Manager will then, if appropriate, report the suspected child abuse to Child Welfare Services.

Case Managers shall take the appropriate steps medically, legally, or otherwise in the event that a program participant displays behavior that may result in harm to him/ herself or others.

I have read and understand the confidentiality policy above, and agree to program participation under the conditions it sets forth.

Signature

Date



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PROOF OF PHYSICAL CUSTODY and LEGAL GUARDIANSHIP

My signature below verifies that I have legal physical custody and am the legal guardian of _____ . As the legal guardian, I am enrolling the above-mentioned child with Big Brothers Big Sisters of San Luis Obispo County. Should there be any change in my status as legal guardian or status of physical custody, I will contact Big Brothers Big Sisters of San Luis Obispo County immediately.

Signature of Custodial Parent/Guardian

Date

Printed Name

Relationship to Child



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EMERGENCY MEDICAL RELEASE

In the event of injury, I give my permission to any Big Brothers Big Sisters staff representative to authorize treatment for my child, _____.

Name of Child

Child's Physician

Physician's Phone

Known Allergies

Other Medical Conditions

Signature of Parent/Guardian

Date

Printed Name

Relationship to Child