



**LITTLE APPLICATION PACKET (COMMUNITY BASED)**

**“Our mission is to provide children facing adversity with strong and enduring, professionally supported one-to-one relationships that change their lives for the better, forever.”**

- Big Brothers Big Sisters of San Luis Obispo County started in April 1995.” Since that time over 1000 children have been “matched” through our program.
- The children we match range in age from 6 to 15.
- 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 or legal guardian must call and complete an inquiry with a staff member. This takes less than 10 minutes.
- If your child is accepted into the program s/he will be placed on the match list while we attempt to find a suitable Big Brother or Big Sister. We do not match children in order, but rather by interest, geographic location and parent and mentor preference.
- Before Being matched – the parent and child will complete an in-person interview.
- 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 parents 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 at least three to four hours together every other week for one year. On the weeks they do not see each other; they should stay in touch via phone, text, email, facebook, post, cards, etc.
- The beginning commitment is one year, but many matches continue for longer, sometimes lasting a lifetime.

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

Nationally	Locally
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 relationships with adults
33% less likely to hit someone	80% get along better with peers

**Some facts about our Big Brothers and Sisters:**

- The screening process to become a Big Brother or Big Sister includes completing and submitting a completed application packet, checking the National Sex Offender Public Registry, verifying social security number, checking driving records and criminal records, contacting at least three references, a personal interview and a training class.



**LITTLE APPLICATION AND PARENT PERMISSION FORM (COMMUNITY BASED)**

Parent/Guardian \_\_\_\_\_ Relationship to child \_\_\_\_\_

Do you have legal custody of the child?  Yes  No

Is there a person who shares legal custody of this child?  Yes  No

If yes, are they aware and supportive of the child's enrollment in the BBBS program?:  Yes  No

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's First Name:	Middle Name:	Last Name:
Preferred Name/Nickname :	Child's Gender:	Child Date of Birth:

What is the child's living situation?

Two-parent household     One-parent household ( Female /  Male)     Foster Home     Group Home

Other relative of child (non-parent)     Other \_\_\_\_\_

Does the Little Have Other Siblings Enrolling in the Program?  Yes  No \_\_\_\_\_

Home Phone #:	Parent Cell Phone #:	Child Cell Phone #:	Is it okay to text parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Cell Provider:
			Is it okay to text child? <input type="checkbox"/> Yes <input type="checkbox"/> No Cell Provider:

Home Address:	City:	County:	State:	Zip:
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Parent/Guardian E-mail:	Child E-mail:
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Child's School	Grade:	Student ID Number:
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Child's Race/Ethnicity:

American Indian or Alaska Native     Other

Asian     Multi-race (check all that apply)

Black or African American     American Indian or Alaska Native

Hispanic or Latino     Asian

Native Hawaiian or Pacific Islander     Black or African American

White     Hispanic or Latino

    Native Hawaiian or Pacific Islander

    White

    Other

Nationality/Country of Origin: \_\_\_\_\_

Parent Place of Employment:  
 Parent Work Phone #:  
 May we contact you (the parent/guardian) at the work number listed above?  Yes  No

Please check the best number and time to contact you (the parent/guardian)?  <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	If we are unable to reach you, who is someone we could call who always knows how to reach you?  Name: Phone Number:
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**Parent Permission Form**

By signing below, I understand:

1. Regular communication between SLO Bigs staff, Big, parent and Little is an important requirement of the program. I agree to respond to all calls, texts, and emails from the agency or the Big within 48hours
2. Bigs and Littles are required to spend a minimum of 6 hours a month together, for at least 12 consecutive months.
3. In order to serve families well, SLO Bigs staff must maintain current information regarding enrolled children. I agree to share updates regarding any major changes my child's life related to custody arrangements, residence, family structure, health status, etc. I will also continue to provide current contact information if my phone, email or address change.

By signing below, I give permission:

4. For my child to participate in the Big Brothers Big Sisters Program;
5. For the volunteer matched with my child, who has been screened and approved by Big Brothers Big Sisters, to transport my child to events and match activities;
6. For the school to provide social and academic information about my child to Big Brothers Big Sisters (e.g. report cards, behavior reports);
7. To have my child participate in an in-take interview conducted by Big Brothers Big Sisters staff and complete questionnaires throughout his/her time in the program containing questions about school, home life, and personal interests;
8. To have my child talk with a Big Brothers Big Sisters staff person about personal safety;
9. For BBBS staff to provide contact information for me and my child to the volunteer.
- 10. To have my child's picture be used for fundraising, advertising, or promotion throughout the duration of his/her affiliation with Big Brothers Big Sisters of San Luis Obispo County.**

I understand that the program 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 information through an in-person interview. I understand that the information I provide in the enrollment process will be kept confidential, unless disclosure is required by law and with exceptions noted. I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities. I understand that certain relevant information about my child will be discussed with the volunteer who is a prospective match (i.e. demographic information, information relevant to volunteer preferences, and information relevant to child-safety and well-being).

I certify that all of the information on this form is true and correct and that all income is reported. I understand this information is being given for the receipt of federal funds, that the information on this application may be verified, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. I understand this information will not affect my qualification for the program.

I do hereby release the organization and its employees, agents, members, volunteers and all other persons on its behalf from any and all liability for any damage or injury which such child might sustain while participating in said program and activities, including but not limited to any liability to any right of action that may occur to such child directly, or to me as his/her guardian. I understand that this information may be shared with the school or with partnership agencies when applicable.

If my child is matched with a Big Brother or Big Sister I agree to support my child's match by reviewing the program and safety information given to me by Big Brothers Big Sisters, communicating with Big Brothers Big Sisters staff as outlined in expectations (which includes communication at least once a month in the first year of the match), and immediately reporting any concerns I might have to Big Brothers Big Sisters staff.

**Parent/Guardian Printed Name:** \_\_\_\_\_

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



Parent/Guardian Signature: \_\_\_\_\_

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

**Pre-Interview Questionnaire**

1. What is the primary reason for you wanting your child to have a Big Brother or Big Sister?
  
2. Does your child know that you are applying for the program? Does your child want to participate?
  
3. Where did you hear about Big Brothers Big Sisters? Please check all that apply and provide details in space given.
  - School \_\_\_\_\_
  - Relative \_\_\_\_\_
  - Faith Organization \_\_\_\_\_
  - Service Organization \_\_\_\_\_
  - Website \_\_\_\_\_
  - TV/Radio \_\_\_\_\_
  - Event \_\_\_\_\_
  - Other \_\_\_\_\_
  
4. Does your child have siblings or relatives who are applying for the SLO Bigs program at this time or who are currently in the program?
  - Yes     No    If yes, please provide their name(s):
  
5. Do you anticipate any significant life changes over the next year or have you had any in the past year, such as moving?
  - Yes     No    If yes, please explain:
  
6. Will your child be able to meet with the Big 2-4 times a month for the next year?
  - Yes     No    The days and times your child is most available for outings with a big are:
  
7. 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 explain:
  
8. Number of people (adults and children) in household: \_\_\_\_\_
9. Is the parent/guardian receiving income assistance at this time?     Yes     No
10. Is parent/guardian receiving assistance with housing (e.g. Section 8, residence in public-housing, etc.)?     Yes     No



11. Is child eligible for free or reduced lunch?  Yes - Free  Yes - Reduced  No

**Pre-Interview Questionnaire Page 2**

12. Household Annual Income: (total income of the adults the child lives with)  
 0-\$10,000  \$10,001-\$15,000  \$15,001-\$20,000  \$20,001-\$30,000  \$30,001-\$50,000  \$50,001+

13. Does your child have a parent/caregiver with current or past military experience?  Yes  No

If yes, please list dates of service:

Branch:  Air Force  Army  Marine Corps  Navy  Coast Guard

Component:  Active  National Guard  Reserve

Is the parent currently deployed?

If yes, please the date of deployment:

Is the parent retired from the military?  Yes  No

Is the parent separated/discharged (other than retired)?  Yes  No

Does your child have a parent/caregiver that is considered fallen, wounded or disabled?  Yes  No

14. Does your child have a parent/guardian who is currently incarcerated?  Yes  No

If yes, please explain:

15. Has your child ever been arrested or involved in the juvenile justice system?

Yes. Please explain:

No

16. Within the last year, has your child faced any of these challenges at school or at home?

Poor Grades

Skipping school/classes

Truant

Behavior problems (Describe: \_\_\_\_\_)

Has been suspended (Reason for suspension or expulsion: \_\_\_\_\_)

Has been expelled (Reason for expulsion: \_\_\_\_\_)

Sent to an alternative school (Reason for school change: \_\_\_\_\_)

Bullying

Drug or Alcohol Abuse

Low Self-Esteem

Depression



**Big Brothers Big Sisters**  
of San Luis Obispo County

www.slobigs.org, office@slobigs.org, fax (805) 781-3029  
**Paso Robles:** 517 13<sup>th</sup> Street (805) 239-3534  
**San Luis Obispo:** 142 Cross Street, Suite 140 (805) 781-3226  
**Mailing Address:** P.O. Box 12644, San Luis Obispo, CA 93406



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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



# **CONFIDENTIALITY POLICY**

## **for BOARD, CLIENTS, STAFF AND VOLUNTEERS**

page one

### **Access to Confidential Records**

In order for BIG BROTHERS BIG SISTERS OF SAN LUIS OBISPO COUNTY 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. This agency 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. The right to confidentiality applies to written records, video, film, social media (including, but not limited to the internet, networking sites, blogs and personal websites.) photos and/or any other depiction of the name, likeness, or other description of a client or volunteer in any publication or promotional material.

All records are considered the property of the agency and not the agency workers, 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. At the time of application, clients and volunteers shall be provided a copy of this statement on confidentiality, along with the exceptions which define the limits of confidentiality. Clients and volunteers shall sign a statement that they have read and understand the agency policy on confidentiality and agree to program participation under the guidelines it sets forth.

When a Client/Volunteer is considered for a match, information is shared between the prospective parties. Each party has the right to refuse the proposed match based on the information provided. Prior to a match being made, information shared may include but is not limited to: first name, age, sex, race, religion, education, interests, hobbies, marriage and family status, sexual orientation, reasons for applying to the program, and a summary of the reasons an individual was chosen for the match. The individuals to whom the information is provided shall agree not to share the information with any other person. For the duration of the match and after formal closure, confidentiality is to be maintained by all program participants.

### **Limits of Confidentiality**

Information will be released to other individuals or organizations only upon presentation of an authorized "consent to release information" form appropriately signed by the client, client's representative, or volunteer, except in the instance of suspected child abuse.

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

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 appropriate disciplinary action shall be requested.

Directors of the Board shall be required to comply with the agency policies on confidentiality and may use the information divulged to them 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 by a Director shall constitute adequate cause for removal from office.

Any subpoena requesting confidential information received by or served upon the agency shall be immediately delivered to the agency's legal counsel for review and appropriate action. Only the agency's legal counsel shall have authority to determine whether or not any subpoena served on the agency is valid and/or unenforceable.





**Big Brothers Big Sisters of San Luis Obispo County**  
**CONFIDENTIALITY POLICY**  
**for BOARD, CLIENTS, STAFF AND VOLUNTEERS**  
**page two**

Any subpoena requesting confidential information received by or served upon the agency shall be immediately delivered to the agency's legal counsel for review and appropriate action. Only the agency's legal counsel shall have authority to determine whether or not any subpoena served on the agency is valid and/or unenforceable.

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 material, and communications between the agency and its counsel are protected by confidentiality law.

State law mandates that suspected child abuse and neglect be reported to the appropriate authorities. All workers are responsible for staying abreast of California reporting requirements and shall always comply with mandated procedures.

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 or parties. This may include a medical referral or a report to the local law enforcement authorities.

A known violation of BBBS's Confidentiality Policy shall result in disciplinary action. Depending on the seriousness of the violation, the action may be a written warning, suspension or termination of the match and/or employment.

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 refrain from publishing and/or sharing personal information as it pertains to the privacy of any program participant. I agree to program participation under the conditions this policy sets forth.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date



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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

**AUTHORIZATION TO SEEK MEDICAL CARE**

I, \_\_\_\_\_, Parent/Guardian, give permission for Big Brother/Big Sister Volunteer, \_\_\_\_\_, to authorize any necessary emergency medical care for my son/daughter, \_\_\_\_\_, in the event that I cannot be reached.

Child's Date of Birth \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Doctor/Clinic: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Group #: \_\_\_\_\_

Subscriber: \_\_\_\_\_ ID #: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications \_\_\_\_\_

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



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**UNIVERSAL REFERRAL AND CLIENT RELEASE OF INFORMATION**

Person Referred (Little's Name) \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Parent/Caretaker (if applicable): \_\_\_\_\_ Okay to leave message  Yes  No  
 Language:  English  Spanish  Other: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 If Pregnant: n/a Due Date: \_\_\_\_\_ n/a # Live Births: \_\_\_\_\_ n/a # Pregnancies: \_\_\_\_\_ n/a  
 Ages of Children:  0-5 yrs  6-12 yrs  13-18 yrs. If children ages 0 to 5, was ASQ/ASQ-SE completed: n/a

Referring Agency: **Big Brothers Big Sisters of San Luis Obispo County** Date of Referral: \_\_\_\_\_  
 Referring To: \_\_\_\_\_  
 Purpose of this Referral: \_\_\_\_\_ To provide community support. \_\_\_\_\_  
 4 Ps+ Protocol  ASQ/ASQ-SE Protocol  VSP Protocol  SAFE Team Meeting Protocol  PHN Protocol  
 Worker's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check the box next to any agency the client is currently involved with. Please have the participant INITIAL for each agency authorized, and line through any agency NOT authorized.

- |  |   |
|--|---|
| <input type="checkbox"/> _____ AVERT                                     | <input type="checkbox"/> _____ Martha's Place (Children's Assessment Center for under 5 y.o.)                               |
| <input type="checkbox"/> _____ Cal-SAFE                                  | <input type="checkbox"/> _____ Child's Pediatrician: _____<br>(Name of Pediatrician)  |
| <input type="checkbox"/> _____ Community Link (check if in North County) | <input type="checkbox"/> _____ Probation  |
| <input type="checkbox"/> _____ Cuesta College                            | <input type="checkbox"/> _____ Public Health  |
| <input type="checkbox"/> _____ CWS Drug Testing                          | <input type="checkbox"/> _____ S.A.F.E.   |
| X _____ Department of Social Services                                    | X _____ School District _____<br>(Name of School District)  |
| <input type="checkbox"/> _____ Drug and Alcohol Services                 | <input type="checkbox"/> _____ County Office of Education   |
| X _____ EOC (Program: _____)   | <input type="checkbox"/> _____ Tobacco Control  |
| X _____ Family Care Network  | <input type="checkbox"/> _____ Tri-Counties Regional Center   |
| <input type="checkbox"/> _____ HASLO – Housing Authority                 | <input type="checkbox"/> _____ Woman's Shelter: <input type="checkbox"/> North Co. <input type="checkbox"/> San Luis Obispo |
| <input type="checkbox"/> _____ Kinship Center (Foster Care)              | <input type="checkbox"/> _____ Other _____  |
| X _____ SLO County Mental Health   | <input type="checkbox"/> _____ Other _____  |

**AUTHORIZATION FOR RELEASE AND/OR EXCHANGE OF INFORMATION**

I hereby request referral and authorize Big Brothers Big Sisters of San Luis Obispo County to exchange the following information from the records of:  
 (Client/Little name): \_\_\_\_\_ with only those listed above which I have initialed.  
 Extent and nature of information to be disclosed: (Note: Unless excluded below, such records may contain reference to or diagnosis of problems relating to alcohol and/or drug abuse shall be included.) \_\_\_\_\_ General information \_\_\_\_\_  
 Purpose or need for this information: provide the child with community support and assist BBBS in better serving the youth  
 I understand that I may revoke this authorization to release information any time by giving written notice to the referring agency as noted above.  
 I also understand that any information released prior to a revocation of this authorization shall not be a breach of my right of confidentiality. Further, I understand that I have a right to receive a copy of this authorization.  
 This authorization is effective from the date of execution until the minor reaches age 18 or \_\_\_\_\_.

\_\_\_\_\_  
**Participant's Signature** \_\_\_\_\_  
**Date**  
 \_\_\_\_\_  
**Parent/Guardian Signature** \_\_\_\_\_  
**Date**

Copies: Original for Participants File, Fax copy to Agencies Initialed, Copy to Participant



## Youth Questionnaire

*Fill in the blank with the answer that best represents you.*

*It doesn't have to be one word – it can be as long or as short as you want.*

1. I am proud of \_\_\_\_\_
2. Today I feel \_\_\_\_\_
3. My biggest trouble is \_\_\_\_\_
4. The best thing about me is \_\_\_\_\_
5. I wish my family \_\_\_\_\_
6. Sometimes I worry about \_\_\_\_\_
7. I am happy when \_\_\_\_\_
8. I am sad when \_\_\_\_\_
9. I hope \_\_\_\_\_
10. I hope I never \_\_\_\_\_
11. The most important person to me is \_\_\_\_\_
12. I don't like it when people \_\_\_\_\_
13. I laugh when \_\_\_\_\_
14. I want to learn to \_\_\_\_\_
15. My friends would say I am \_\_\_\_\_

Anything else you want a Big to know about you? Feel free to write anything else you want to share in the space below.