

Child Application



Big Brothers Big Sisters
of Dutchess County



CHILD'S NAME: _____ PARENT/GUARDIAN'S NAME: _____ DATE: _____

HOME PHONE: _____ CELL PHONE: _____ E-MAIL: _____

ADDRESS: _____ CITY/TOWN: _____ STATE: _____

CHILD'S DATE OF BIRTH: _____ GENDER: _____ RACE: _____

CHILD'S SCHOOL: _____ GRADE: _____ TEACHER: _____

MY CHILD RECEIVES THE FOLLOWING SERVICES IN SCHOOL:

SPEECH/HEARING SOCIAL WORK RESOURCE SPECIAL ED PSYCHOLOGICAL COUNSELING

PLACE OF PARENT/GUARDIAN'S EMPLOYMENT OR SCHOOL: _____ POSITION: _____

CAN WE CONTACT YOU AT WORK? IF SO, CONTACT NUMBER: _____

MARITAL STATUS: _____ NAME OF SPOUSE OR PARTNER: _____

BESIDES SELF, PLEASE LIST ALL MEMBER OF YOUR HOUSEHOLD:

NAME	SEX	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACT: _____ PHONE: _____

HOUSEHOLD INCOME (OPTIONAL: FOR DEMOGRAPHIC REPORTING PURPOSES ONLY. THERE ARE NO INCOME GUIDELINES FOR THIS PROGRAM.)

EMPLOYMENT \$ _____ PENSION/RETIREMENT \$ _____ SSI \$ _____ CHILD SUPPORT \$ _____
UNEMPLOYMENT \$ _____ TANF \$ _____ SSD \$ _____ FOOD STAMPS \$ _____
RENTAL INCOME \$ _____ ALIMONY \$ _____ WORKERS COMP \$ _____ OTHER \$ _____

ARE YOU INTERESTED IN: (CHECK ANY/ALL THAT APPLY)

- COMMUNITY-BASED MENTORING (2-3 HOURS/WEEK FOR 12 MONTHS IN THE COMMUNITY)
- SITE-BASED MENTORING (1 HOUR/WEEK FOR 12 MONTHS AT A DESIGNATED SCHOOL OR SITE)
- I'M NOT SURE AND WOULD LIKE MORE INFORMATION

WHY DO YOU WANT TO ENROLL YOUR CHILD IN OUR PROGRAM? _____

HOW DOES YOUR CHILD FEEL ABOUT BEING IN THE PROGRAM? _____

OTHER PROGRAMS/ACTIVITIES YOUR CHILD IS INVOLVED IN: _____

CHILD'S INTERESTS & HOBBIES: _____

DO YOU HAVE SOLE CUSTODY OF THIS CHILD? _____

LOCATION OF ABSENT PARENT(S) (IF APPLICABLE)? _____

IS THE ABSENT PARENT(S) INCARCERATED? _____

ARE THERE ANY SIGNIFICANT PEOPLE IN THE CHILD'S LIFE WHO ARE INCARCERATED? _____

HAS YOUR CHILD HAD EXPOSURE TO CRIMINAL ACTIVITY? _____

Child Application



Big Brothers Big Sisters
of Dutchess County



PLEASE CHECK THE ITEMS THAT APPLY TO YOUR CHILD:

BEHIND ONE OR MORE GRADES IN SCHOOL LEARNING DISABILITY ABUSE OR NEGLECT EMOTIONAL DISABILITY VICTIM OF SEXUAL ABUSE PHYSICAL OR DEVELOPMENTAL DISABILITY ALCOHOLISM IN FAMILY UNEMPLOYMENT IN FAMILY CRIMINAL HISTORY IN FAMILY FAMILY VIOLENCE OTHER: _____

VOLUNTEER PREFERENCES

PLEASE INDICATE YOUR PREFERENCES REGARDING THE TYPE OF VOLUNTEER YOU'D LIKE TO WORK WITH YOUR CHILD:

SAME RELIGION DIFFERENT RELIGION NO PREFERENCE
 SAME RACE DIFFERENT RACE NO PREFERENCE
 NON-SMOKER NO PREFERENCE
 HETEROSEXUAL HOMOSEXUAL NO PREFERENCE
 RETIRED WORKING NO PREFERENCE
 DIVORCED MARRIED PARENT NO PREFERENCE
 18-30 YEARS OLD 31-55 YEARS OLD 55+ NO PREFERENCE

CONSENT OF RELEASE

BIG BROTHERS BIG SISTERS OF DUTCHESS COUNTY FREQUENTLY FEATURES THE CHILDREN IN OUR PROGRAM IN OUR NEWSLETTERS, PROMOTIONAL MATERIAL, WEBSITE, PRESS RELEASES ETC. ONCE YOUR CHILD IS ENROLLED, DO YOU CONSENT TO US USING HIS/HER: (CHECK ALL THAT APPLY)

FIRST NAME _____ LAST NAME _____ PHOTO _____ AUDIO/VISUAL _____

SITE OR SCHOOL-BASED ONLY: I CONSENT TO HAVE MY CHILD'S BIG BROTHER OR BIG SISTER CONTACT MY CHILD DURING BREAKS FROM SCHOOL VIA THE FOLLOWING MEANS. I UNDERSTAND THEY ARE NOT PERMITTED TO MEET IN PERSON OFF THE SITE. (CHECK ALL THAT APPLY)

PHONE _____ MAIL _____ E-MAIL _____

I CONSENT FOR BIG BROTHERS BIG SISTERS OF DUTCHESS COUNTY TO REQUEST INFORMATION REGARDING MY CHILD'S SCHOOL PERFORMANCE AND/OR ATTENDANCE (REQUIRED FOR SITE OR SCHOOL-BASED MENTORING): _____

PARENT/GUARDIAN AGREEMENT OF UNDERSTANDING

IT IS MY UNDERSTANDING THAT BY FILLING OUT THIS APPLICANT ON BEHALF OF MY CHILD:

1. MY CHILD IS CONSIDERED AN APPLICANT FOR SERVICE ONLY WHEN THIS FORM IS RECEIVED BY THE AGENCY. THAT I WILL ATTEND AN INTAKE INTERVIEW WITH AGENCY STAFF SO A FULL ASSESSMENT OF MY CHILD'S NEEDS AND THE AGENCY'S VOLUNTEER ABILITY TO MEET THESE NEEDS CAN BE MADE.
2. I REALIZE THAT A HOME VISIT MAY BE CONDUCTED SO THAT AGENCY STAFF MAY INTERVIEW MY CHILD, FOR WHOM THE SERVICE IS BEING REQUESTED.
3. I REALIZE THAT A DECISION WILL BE MADE AS TO WHETHER OR NOT MY CHILD CAN BE SERVICED THROUGH A VOLUNTEER. IF MY CHILD CANNOT BE SERVICED, THE AGENCY MIGHT PROVIDE SOME REFERRALS FOR ALTERNATIVE AGENCIES TO MEET MY CHILD'S NEEDS.
4. I REALIZE AS THE PARENT/GUARDIAN, I AM AN IMPOTANT PART IN THE SUCCESS OF A VOLUNTEER THROUGH KEEP OPEN COMMUNICATION WITH THE AGENCY, RESPONDING TO PHONE CALLS OR REQUESTS FOR IN-PERSON MEETINGS BOTH BEFORE OR AFTER MY CHILD IS MATCHED. NOT DOING SO CAN RESULT IN MY CHILD BEING REMOVED FROM THE PROGRAM.
5. I WILL NOTIFY BBBS OF ANY SIGNIFICANT CHANGES THAT WOULD AFFECT MY CHILD'S INVOLVEMENT IN THE PROGRAM. IT IS MY SOLE RESPONSIBILITY TO INFORM THE AGENCY OF ANY CHANGES IN MY ADDRESS OR PHONE NUMBER. FAILURE TO DO SO WILL RESULT IN MY CHILD BEING CLOSED OUT OF THE PROGRAM.
6. AFTER ACCEPTANCE, MY CHILD WILL BE PLACED ON A WAITING TO BE MATCHED LIST UNTIL A VOLUNTEER HAS BEEN SELECTED FOR MY CHILD. THE AGENCY STATES NO LENGTH OF TIME THAT MY CHILD WILL BE WAITING, BECAUSE MATCHING FACTORS ARE A PRIMARY CONCERN.

Child Application



Big Brothers Big Sisters
of Dutchess County



I UNDERSTAND THAT BBBS IS UNDER NO OBLIGATION TO PROVIDE A VOLUNTEER FOR MY CHILD. I REALIZE EVERY EFFORT WILL BE MADE THROUGH COMMUNITY OUTREACH AND THAT A MATCH WILL ONLY TAKE PLACE IF A VOLUNTEER IS ABLE TO MEET MY CHILD'S NEEDS. NO FEES ARE CHARGED FOR REQUESTING A VOLUNTEER. I REALIZE IT BECOMES A SHARED RESPONSIBILITY BETWEEN THE AGENCY, THE VOLUNTEER, MY CHILD AND MYSELF TO ACHIEVE SUCCESS. THE VOLUNTEER ASSUMES NO LEGAL OR FINANCIAL RESPONSIBILITY FOR MY CHILD.

SIGNATURE OF APPLICANT: _____ DATE: _____

MEDICAL INFORMATION

CHILD'S DOCTOR: _____ PHONE: _____

HEALTH HISTORY OF CHILD (MARK "PAST", "NOW" OR "NEVER" FOR EACH SPACE).

_____ SINUS TROUBLE	_____ DIARRHEA	_____ ASTHMA
_____ FAINTING SPELLS	_____ CONVULSIVE DISORDER	_____ DIABETES
_____ KIDNEY DISEASE	_____ VISION PROBLEMS	_____ HAY FEVER
_____ SPEECH PROBLEMS	_____ HEARING PROBLEMS	_____ NIGHTMARES
_____ EARACHES	_____ BLACKOUTS	_____ HEART TROUBLE
_____ STOMACH PROBLEMS	_____ ENURESIS (BED WETTING)	_____ INSOMNIA

DIAGNOSED PHYSICAL OR DEVELOPMENTAL DISABILITIES: _____

ALLERGIES: _____ REACTIONS TO MEDICATIONS: _____

ANY DIAGNOSED PHYSICAL OR DEVELOPMENTAL DISABILITIES: _____

CURRENT MEDICATIONS AND THEIR PURPOSE: _____

ARE THE CHILD'S IMMUNIZATIONS UP TO DATE? _____ DATE OF LAST TETANUS SHOT: _____

DIET RESTRICTIONS: _____ OPERATIONS OR SERIOUS INJURIES: _____

MAJOR ILLNESS OR HOSPITALIZATION IN THE PAST 3 YEARS: _____

CONDITIONS NOW REQUIRING MEDICATION OR TREATMENT: _____

ACTIVITIES THE CHILD SHOULD OR COULD NOT PARTICIPATE IN: _____

INSURANCE CARRIER: _____ ID NUMBER: _____

I HEREBY GIVE PERMISSION FOR MY CHILD TO ATTEND ACTIVITIES WITH BBBS STAFF AND VOLUNTEERS. THE STAFF AND VOLUNTEERS WHO SUPERVISE MY CHILD IS EXEMPT FROM ANY LIABILITY FOR ANY INJURY MY CHILD MAY SUSTAIN WHILE UNDER THEIR CARE AND DIRECTION. THIS PERMISSION IS GIVEN WITH THE KNOWLEDGE THAT STAFF AND VOLUNTEERS WILL NOT ASSUME PERSONAL RESPONSIBILITY FOR MEDICAL ATTENTION. IN THE EVENT OF AN EMERGENCY, I AUTHORIZE BBBS AND VOLUNTEERS TO OBTAIN MEDICAL TREATMENT FOR MY CHILD AT NO COST TO THE AGENCY OR VOLUNTEER.

SIGNATURE OF APPLICANT: _____ DATE: _____

Child Application



Big Brothers Big Sisters
of Dutchess County



ACCESS TO CONFIDENTIAL RECORDS

IN ORDER FOR BIG BROTHERS BIG SISTERS OF DUTCHESS COUNTY TO PROVIDE A RESPONSIBLE AND PROFESSIONAL SERVICE TO CHILDREN, THEIR PARENTS OR GUARDIANS, AND PROGRAM VOLUNTEERS, ALL PARTIES MAY BE ASKED TO DIVULGE EXTENSIVE PERSONAL INFORMATION ABOUT THEMSELVES AND THEIR FAMILIES. THE AGENCY RESPECTS THE CONFIDENTIALITY OF ALL PARTIES' RECORDS WITH THE EXCEPTION OF LIMITS LISTED BELOW. INFORMATION ABOUT ALL PARTIES WILL BE SHARED ABOUT THE PROFESSIONAL STAFF OF DUTCHESS COUNTY COMMUNITY ACTION, INC. (DCCAA). THE RIGHT TO CONFIDENTIALITY APPLIES, NOT ONLY TO WRITTEN RECORDS, BUT ALSO TO VIDEO, FILM, PICTURES, OR USE OF CHILD OR VOLUNTEER'S NAME IN DCCAA PUBLICATION.

ALL RECORDS ARE CONSIDERED THE PROPERTY OF DCCAA. INFORMATION FROM OUTSIDE SOURCES, INCLUDING CONFIDENTIAL REFERENCES MUST BE ASSESSED ALONG WITH THE INFORMATION GAINED FROM THE CHILDREN, PARENTS/GUARDIANS OR VOLUNTEERS. RECORDS ARE NOT AVAILABLE FOR REVIEW BY CHILD, PARENT/GUARDIAN OR VOLUNTEERS. ALL PARTIES SHALL BE PROVIDED AT THE TIME OF APPLICATION, AN OPPORTUNITY TO REVIEW THIS POLICY. ALL PARTIES SHALL SIGN A STATEMENT INDICATING THAT HE/SHE HAS READ AND UNDERSTANDS DCCAA'S POLICY ON CONFIDENTIALITY AND AGREES TO PROGRAM PARTICIPATION UNDER THE GUIDELINES IT SETS FORTH.

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 PARENT/GUARDIAN OR VOLUNTEER.

IDENTIFYING INFORMATION REGARDING PARENT/GUARDIAN OR VOLUNTEER MAY BE USED IN DCCAA PUBLICATIONS OR PROMOTIONAL MATERIALS IF THE PARENT/GUARDIAN OR VOLUNTEER HAS GIVEN PERMISSION.

FOR PURPOSES OF PROGRAM EVALUATION, AUDIT OR ACCREDITATION, AND WITH THE PRIOR APPROVAL OF THE BOARD OF DIRECTORS OF DCCAA INC., CERTAIN OUTSIDE BODIES SUCH AS BIG BROTHERS BIG SISTERS OF AMERICA MAY HAVE ACCESS TO CLIENT AND VOLUNTEER RECORDS. THE OUTSIDE ORGANIZATIONS SHALL BE REQUIRED TO RESPECT DCCAA'S 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 DCCAA CONFIDENTIALITY POLICY WILL BE REPORTED TO THE SUPERVISOR OF THE INDIVIDUAL INVOLVED AND APPROPRIATED DISCIPLINARY ACTION SHALL BE REQUESTED.

MEMBERS OF THE BOARD OF DIRECTORS HAVE ACCESS TO FILES ONLY UPON AUTHORIZATION BY FORMAL MOTION OF THE BOARD OF DIRECTORS OF DCCAA. THE MOTION SHALL STATE WHO SHALL BE AUTHORIZED TO REVIEW RECORDS, THE SPECIFIC PURPOSE FOR SUCH REVIEW, AND THE PERIOD OF TIME FOR WHICH ACCESS SHALL BE GRANTED. MEMBERS SHALL BE REQUIRED TO COMPLY WITH THE DCCAA POLICIES ON CONFIDENTIALITY AND MAY USE THE INFORMATION ONLY FOR PURPOSES STATED BY THE APPROVED ACTION OF THE BOARD OF DIRECTORS OF DCCAA. KNOWN VIOLATIONS SHALL BE REPORTED TO THE BOARD PRESIDENT. A VIOLATION OF THE DCCAA'S CONFIDENTIALITY POLICY BY A BOARD MEMBER SHALL CONSTITUTE ADEQUATE CAUSE FOR REMOVAL FROM OFFICE.

INFORMATION SHALL 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 ARE REPORTED TO THE APPROPRIATE AUTHORITIES (CHILD PROTECTIVE SERVICES). ALL WORKERS ARE RESPONSIBLE FOR STAYING ABEAST OF SUCH REPORTING REQUIREMENTS OF THEIR RESPECTIVE JURISDICTION AND SHALL ALWAYS COMPLY WITH MANDATED PROCEDURES.

Child Application



IF AN AGENCY WORKER RECEIVES INFORMATION INDICATING THAT A CHILD, PARENT/GUARDIAN OR VOLUNTEER MAY BE DANGEROUS OR HIMSELF OR HERSELF OR TO OTHERS, NECESSARY STEPS MAY BE TAKEN TO PROTECT THE APPROPRIATE PARTY. THIS MAY INCLUDE A MEDICAL REFERRAL OR THE REPORT TO THE LOCAL LAW ENFORCEMENT AUTHORITIES.

INFORMATION PROVIDED BY THE CHILD, PARENT/GUARDIAN OR THE VOLUNTEER MAY BE SHARED WITH THE OTHER PARTY BY THE CASE MANAGER WHEN A POTENTIAL MATCH IS CONSIDERED. PARENT/GUARDIAN AND VOLUNTEER WILL NOT DISCUSS CONFIDENTIAL MATCH INFORMATIONAL WITH ANY PERSONS OTHER THAN THE PROFESSIONAL STAFF OF DCCAA, INC. AND THE BIG BROTHERS BIG SISTERS OF DUTCHESS COUNTY PROGRAM.

I HAVE READ AND UNDERSTAND THE ABOVE DOCUMENT, WHICH STATES DCCAA INC.'S POLICY WITH RESPECT TO CONFIDENTIALITY OF CLIENT AND VOLUNTEER RECORDS. I AGREE TO PROGRAM PARTICIPATION UNDER THE CONDITIONS IT SETS FORTH.

SIGNATURE OF APPLICANT: _____ DATE: _____