



Big Brothers Big Sisters of North Bay and District

169 Lakeshore Drive, North Bay, ON, P1A 2B3 Ph. (705) 474-3041 Fax (705) 474-3499

Email: Bryanna: bsister2@onlink.net & Meghan: bbbs1@live.ca

Dear Parent/Guardian,

Thank you for your interest in Big Brothers Big Sisters of North Bay and District. Please find enclosed a Little Brother/Little Sister Application Form and a Request for Release of Information form, for your child's Teacher. It would be beneficial to provide details to assist us in identifying the areas in which you feel your child requires the most attention and support.

You are welcome to contact the office at 474-3041, if you have questions or require help in filling out the forms. Once you have completed the application and all other required forms, please return these documents to the Big Brothers Big Sisters Office at the above address.

Upon receipt of the completed forms from your child's school, you will be contacted in order to arrange a meeting date and time. You and your child will meet with us at the office for an interview and a training session on Child Safety. When we find a potential match for your child, we will conduct a match meeting in your home where your child's potential Big Brother/Big Sister will also be in attendance.

I look forward to meeting you.

Sincerely,

BryannaKelly
Caseworker

Meghan Bennison
Program Assistant

Mentors Make the Difference

Little Brother/Little Sister Application

Child's Name _____

Date of Birth _____ Age _____ Place of Birth _____

Address _____

Postal Code _____

Home Phone _____ E-mail _____

Languages Spoken _____

Child's Doctor _____ Phone _____

Health Card # _____

Emergency Contact _____ Phone _____

Relationship to Child _____

Parent/Guardian

Parent/Guardian Name: _____

If Guardian, please note relationship to child: _____

Date of Birth: _____

Marital Status: _____

Are you employed? (can we call you at work?) Yes No

Where? _____ Work Phone _____ x _____

Are you unemployed?

EI? Social Assistance? Disability?
 Other _____

Are you a student? Where? _____ Phone _____ x _____

Are you or your child involved with any other community agency? Yes No

Agency Name: _____ Phone: _____

Staff: _____

Other Parent

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Relationship with Child: _____

What type of relationship does your child have with the other parent?

If you are a single parent with custody, what are the visiting rights of the other parent? Does he/she use these rights? What are the access arrangements?

What are your child's reactions to those visits? _____

How are you with those visits? _____

Please describe the kinds of activities they do together. _____

In your view, does your child have a close relationship with the other parent?

Is the other parent aware of your application for the program? yes no

If yes, what is his/her attitude? If no, why not?

Other parent's marital status _____

Family History/Situation

Other people at home (please include age, gender, relationship) (including children)

Name	Age	Gender	Relationship

How long has your child lived in your current home? _____

Has your child ever lived outside of your home? Yes No
(If so, please provide details)

Does anything prevent your child from fully participating in the program? Yes No

Please explain:

Medical History

Does your child have any medical problems, conditions or allergies? Yes No

If yes, please explain:

Is your child on any medication? Yes No

If yes, please explain:

Has your child ever seen or is your child now seeing a psychologist, social worker, therapist, counsellor etc? Yes No

If yes, please explain (include approximate dates, contact information of worker):

How physically fit is your child? _____

Do you think your child has any emotional difficulties? Yes No
If yes, please explain: _____

Relationships

How would you describe your relationship with your child?

If other children are in the home, how does your child relate to them?

Does your child tend to have many or just a few friends?
Are they mostly boys, girls, or both?

Comments:

As far as you know, how does your child get along well with peers at school?

Does your child tend to play alone or with others? _____

Please describe your child's personality (moods, temper, maturity level)

Please check the qualities that you feel best describe your child:

- Friendly Outgoing Shy Withdrawn
 Lonely Carefree Busy Overactive

How do you discipline your child? _____

School

School: _____

Address: _____

Phone: _____

Grade: _____ Teacher: _____

Does your child seem interested in school? Yes No

Has your child ever been involved in a special education program?

Yes No If yes, please comment:

Has your child ever failed a grade? Yes No

If yes, which one(s)? _____

How does your child generally get along with the teacher? _____

How is your child doing in school? _____

Do you think your child is doing as well as he/she can in school?

Yes No

If no, please explain: _____

Does your child get in trouble at school? Yes No

If yes, is it often? occasionally? seldom?

Social Activities

Is your child interested or active in sports, church, group activities?

Yes No

If yes, please list:

Please indicate what hobbies, if any, your child currently enjoys.

Briefly describe your child's weekly schedule of activities.

About a Big Brother Big Sister

Is your child aware of your application for a Big Brother Big Sister?

Yes

No

If yes, what was the reaction?

How do you feel your child would benefit most from a Big Brother or Big Sister?

Describe the type of Big Brother Big Sister you would like for your child

What types of activities do you think your child would like to do with a Big Brother Big Sister?

Is there any information you would like to add to this application that will help us to serve your child's needs better?

Confidentiality

Just as we have to share information with you about the Big Brother Big Sister we select for your child, we need to share information with the volunteer about you and your child. Is there anything here that you do not want shared with a volunteer? Yes No

If yes, please clearly state what you do not want shared:

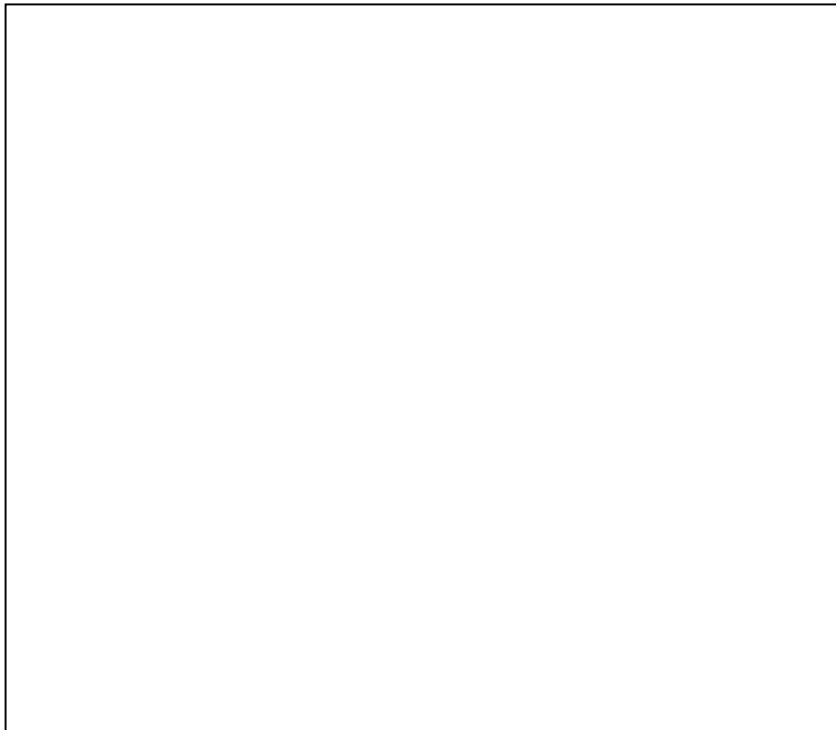
Your Name

Your Signature

Date

The answers you have given will help us to do our best for your child. Please be sure to advise us of any changes in your home situation, such as address changes, relationship changes, etc.

Please attach a recent picture of your child if possible.





Informed Consent - Parent

This is my application to Big Brothers Big Sisters of North Bay and District. I understand that the Agency will try to match a responsible female/male adult, with my child to share activities, friendship and support and that the Agency will try to match my child with a volunteer who has some of the same interests. My child and I will participate in the Child Safety Program offered by Big Brothers Big Sisters of North Bay and District.

I give consent to Big Brothers Big Sisters of North Bay and District to talk to other professionals involved with my family so the Agency can understand my child's needs and decide whether they can serve my child and make a good match. I also agree that some or all of the information may be shared, if the Agency thinks it is necessary, with my child's Big Brother/ Big Sister, my child's teacher and/or with the referring professional, so that my child's needs may be best met.

I understand that:

- I don't have to accept a Big Brother/Big Sister for my child,
- the Agency does not have to provide my child with a Big Brother/Big Sister,
- this application belongs to Big Brothers Big Sisters of North Bay and District. If the Agency closes, this file belongs to Big Brothers Big Sisters of Canada, and
- collection of personal information about myself or my child will be held in confidence and used to administer the program.

In consideration for this service and other valuable consideration provided to my child by Big Brothers Big Sisters of North Bay and District, I release the agency of all responsibilities and liabilities in connection to their services provided in good faith, to myself or my child.

I, _____, parent or guardian of _____, a minor, hereby release and forever discharge Big Brothers Big Sisters of North Bay and District, Big Brothers Big Sisters of Canada and their respective employees, directors and volunteers thereof from any cause of action or claim for damages, whether for bodily injury, property damage or emotional trauma, anxiety or distress arising from the association with Big Brothers Big Sisters of North Bay and District.

The implications of this waiver have been explained to me. I understand and consent to them. I further agree this waiver is made of my own free will and without duress.

Signed at _____ this _____ day of _____ 20____.

Parent/Guardian

Witness



Confidentiality Policy

All staff and volunteers of Big Brothers Big Sisters of North Bay and District are required to abide by this Confidentiality Policy. Any breach of this policy will be considered grounds for termination.

Agency Service Delivery Staff will explain the confidential nature of our service to the volunteer, child and parent/guardian as early as possible in the orientation and/or screening process. At all times thereafter Service Delivery Staff will ensure the privacy of case information.

Information contained in the Casework files will not be disclosed by the Agency to any person without written approval of said person except in the following cases:

- where the safety of a child depends upon divulging this information. This could include suspicion of neglect or abuse of a child. The proper authorities will be informed when necessary, which could result in the disclosure of confidential information without written consent from the person;
- when subpoenaed by the courts;
- where required by law.

In the event that confidential information is requested to support custody or access application, or for any court matter other than a “child protection” case, the agency will only release the information if required to do so by a Judge’s Order.

No staff member or volunteer shall use confidential information from the agency to advance any personal interest, financial or otherwise.

In accordance with Big Brothers Big Sisters of Canada’s National Standards:

- No information will be provided to persons or organizations outside of Big Brothers Big Sisters of Canada, and its agents, about parents, children or volunteers without their express prior written consent except where required by law.
- All information and records, including electronic records, shall be kept secure (for example, in a filing cabinet, desk, etc. under lock and key, password protected, etc.) and confidential at all times.

Case records will be accessible only to the Caseworker, Executive Director, Casework Supervisor, and in appropriate situations, other Caseworkers.

.....

I understand the agency’s policy around confidentiality and agree to abide by those rules.

Signature

Date



Big Brothers Big Sisters of North Bay and District
169 Lakeshore Drive North Bay ON. P1A 2B3 ph (705)474-3041 fax: (705)474-3499
Email: bsister2@onlink.net

CONFIDENTIAL

REQUEST FOR RELEASE OF INFORMATION

Teacher: _____

School: _____

Address: _____

I HEREBY AUTHORIZE THE RELEASE OF PERTINENT INFORMATION FROM THE PERSON NAMED ABOVE TO, BIG BROTHERS BIG SISTERS OF NORTH BAY AND DISTRICT, FOR THE SOLE PURPOSE OF MY SON/DAUGHTER/WARD _____ BECOMING AN ACTIVE MEMBER OF THIS ORGANIZATION.

Name of parent/guardian: _____

Signature: _____

Address: _____

Telephone (Home) _____ (Work) _____

Date: _____