



Big Brothers Big Sisters of North Bay and District

169 Lakeshore Drive, North Bay, ON. P1A 2B3 Ph 474-3041 Fax 474-3041
Email: hostbbbs@ontera.net

Dear Parent/Guardian/Youth:

Thank you for your interest in Big Brothers Big Sisters of North Bay and District. Please find enclosed a Mentee Application Form for our Youth Host Program.

It is recommended that you fill out this form at the office; however you are welcome to bring it home and contact the office at 474-3041 if you require help in filling out the forms.

Please fill out the application, sign the release form, and return them to us.

Once we receive all forms, you will be contacted in order to arrange a meeting date and time. You will meet with us at the office for an interview and a training session on Adolescent Safety.

When we find a potential Mentor for you/your child, we will introduce the Mentor to you/your child during a scheduled meeting in your home.

Sincerely,

K'Sah Woodley
Youth Host Coordinator

Mentors Make the Difference



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Newcomer Youth Application

Youth Host Program

Name _____

Date of Birth _____ Age _____ Place of Birth _____

Address _____

Postal Code _____

Home Phone _____ E-mail _____

Languages Spoken _____

Doctor _____ Phone _____

Health Card # _____

Immigration# _____

Emergency Contact _____ Phone _____

Relationship to Applicant _____

Parent/Guardian (For Applicants Under 18)

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 _____



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

Agency Name: _____ Phone: _____

Staff: _____

Family History/Situation

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

Name	Age	Gender	Relationship

How long have you lived in the North Bay area? _____

Does anything prevent full participation in the program?

Yes No

Please explain:

Medical History

Are there any medical problems, emotional conditions or allergies?

Yes No

If yes, please explain:

Name of medications used:



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Is a psychologist, social worker, therapist, counsellor involved with you/your child? Yes No

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

Relationships

Describe your/your child's family relationships.

Have you made any close friendships in the community?

Are you/your child facing any problems or difficulties? (e.g. school/work, getting involved in the community)

How do you think a Mentor could help?

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

- | | | | |
|-----------------------------------|-----------------------------------|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Shy | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Lonely | <input type="checkbox"/> Carefree | <input type="checkbox"/> Busy | <input type="checkbox"/> Overactive |



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School/Work

Address: _____

Phone: _____

Grade: _____

Teacher: _____

Employer: _____

Social Activities

What are your/your child's interests? Sports, art, religion, group activities?

Please list hobbies:

What is your/your child's weekly schedule?

About a Mentor

How do you/your child feel about having a Mentor?

Describe the type of Mentor you would like.

What types of activities do you want to do with your/your child's Mentor?

Is there any additional information you would like us to have?



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Confidentiality

Just as we have to share information with you about the Mentor, we need to share information with the Mentor about you/your child. Is there anything here that you do not want shared with a Mentor? Yes No

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

Parent Name and Signature (If Applicant is less than 18 years of age)

Applicant Name and Signature (If Applicant is 18 years or older)

Date

**Please be sure to advise us of any changes in your home situation, such as address changes, relationship changes, etc.

*Include a Picture if you wish



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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:

- X I don't have to accept a Big Brother/Big Sister for my child,
- X the Agency does not have to provide my child with a Big Brother/Big Sister,
- X 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
- X 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



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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.

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

Signature

Date



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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: _____