



Dear Parent or Guardian:

Enclosed with this letter you will find the following forms:

- **Parent/Youth Application**
- **Parent Report/Baseline (please read instructions)**
- **Confidentiality Policy**
- **Interests and Activities Sheet**
- **Parent/Guardian School Consent Form**
- **Parent/Guardian Clinical Release Consent Form (if your child is in counseling)**
- **Consent for Media Release Form**

Please fill out each form, sign and fax it to the appropriate office. If you have any questions, please do not hesitate to us at: (407) 478-2996.

We invite you to visit our website at: [www.bbbscfl.org](http://www.bbbscfl.org).

Sincerely,

Customer Relations Specialists

Enclosures

*Little Moments. Big Magic.*



**PARENT/YOUTH APPLICATION**

Parent/Guardian's Name:	Child's Name:		
Address:	City:	State:	Zip:
County:	Youth's DOB:	Youth's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent/Guardian's Place of Employment:	Is Parent Receiving Income Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Phone:	Work Phone:	Cell Phone:	
Email:	Best time to call:	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. Does your child have a parent(s) who is currently incarcerated in state or federal prison?  Yes  No

4. What is your Annual Household Income:

- Below \$10,000  \$10,000- 14,999  \$15,000-19,999  \$20,000-29,999
- \$30,000 +

5. Does your child have any medical conditions that might affect him or her participating in activities with a Big Brother/Big Sisters?  Yes  No

If yes, please describe: \_\_\_\_\_

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

7. Do you anticipate any significant life changes over the next year? (Examples: moving, changing job, divorce, family illness, etc.)  
 Yes    No

If yes, please explain \_\_\_\_\_

8. Did you anticipate any significant life changes over the past year? (Examples: moving, changing job, divorce, family illness, etc.)  
 Yes    No

If yes, please explain \_\_\_\_\_

### **Consent for Services**

I give permission for myself and my child to participate in all assessment services, to cooperate and assist in all planning activities, and to receive all services for my child deemed necessary by myself and Big Brothers Big Sisters of Central Florida (BBBSCFL).

- I certify that the information I have provided is true and correct, to the best of my knowledge.
- I give my consent for my child to participate in agency-sponsored activities while he/she is on the accepted waiting list or matched with a Big Brother or Big Sister.
- I reserve the right to refuse his/her participation in any specific activity.
- I acknowledge that BBBSCFL agency is not obligated to match my child with a volunteer.
- I acknowledge that additional information may be requested at a later date as part of the enrollment process.
- 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 may have to the Big Brothers Big Sisters staff.

Parent/Guardian Name (print): \_\_\_\_\_

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



## PARENT REPORT / BASELINE

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

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

The following definitions are offered to clarify the items on the reverse side of this form. Note that these items are somewhat general. You're encouraged to report on your own specific observations within the general meaning of these definitions. Any questions should be referred to your case manager.

### GOAL AREA #1: CONFIDENCE

- 1) Self confidence - *A sense of being able to do or accomplish something.*
- 2) Able to express feelings - *Is able to reveal, talk about, or discuss feelings.*
- 3) Can make decisions - *Thinks before acting and is aware of consequences of behavior.*
- 4) Has interests or hobbies - *Pursues activities such as reading, sports, music, computers, etc.*
- 5) Personal hygiene, appearance - *Dresses appropriately and keeps self neat and clean.*
- 6) Sense of the future - *Knows about educational and career opportunities.*

### GOAL AREA #2: COMPETENCE

- 7) Uses community resources - *Partakes in service activities, libraries, recreation, church/other faith-based activities.*
- 8) Uses school resources - *Uses the library, guidance counselors, tutorial centers.*
- 9) Academic performance - *Makes good grades or improves grades.*
- 10) Attitude toward school - *Is positive about going to school and about what can be learned.*
- 11) School preparedness - *Completes homework and other assignments.*
- 12) Classroom participation - *Actively takes part in learning; responds to questions.*
- 13) Classroom behavior - *Pays attention in class; isn't disruptive.*
- 14) Able to avoid delinquency - *Refrains from behaviors that are illegal for person of his or her age.*
- 15) Able to avoid substance abuse - *Doesn't use illegal or harmful substances (e.g., drugs, alcohol, tobacco).*
- 16) Able to avoid early parenting - *Doesn't engage in sexual behavior likely to result in early parenting.*

### GOAL AREA #3: CARING

- 17) Shows trust toward you - *Isn't reluctant to confide in you, to accept your suggestions.*

- 18) Respects other cultures - *Doesn't stereotype or put down other ethnic, racial, language, or national groups.*
- 19) Relationship with family - *Interacts well with other family members.*
- 20) Relationship with peers - *Interacts well with persons of own age.*
- 21) Relationship with other adults - *Has good interactions with other adults who are not family members.*

**Big Brothers Big Sisters of Central Florida  
PARENT OR GUARDIAN REPORT / BASELINE**

**For Agency Use**

Match ID: _____ Date Completed: _____ Length of match when administered: _____ (Specify in months/years)
Age: _____ Male <input type="checkbox"/> Female <input type="checkbox"/> Community-Based <input type="checkbox"/> School-Based <input type="checkbox"/> Other Site-Based <input type="checkbox"/>
White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/>

We would like you to rate your child's behavior in the following areas, to be used as a baseline to measure changes after a match. It's okay to indicate "don't know" if you have no knowledge about change in a given area.

	Well Above Average	Above Average	Average	Below Average	Way Below Average	Don't Know	Not A Problem
<b>CONFIDENCE</b>							
1) Self-confidence							
2) Able to express feelings							
3) Can make decisions							
4) Has interests or hobbies							
5) Personal hygiene, appearance							
6) Sense of the future							
<b>COMPETENCE</b>							
7) Uses community resources							
8) Uses school resources							
9) Academic performance							
10) Attitude toward school							
11) School preparedness (homework)							
12) Class participation							
13) Classroom behavior							
14) Able to avoid delinquency							
15) Able to avoid substance abuse							
16) Able to avoid early parenting							
<b>CARING</b>							
17) Shows trust toward you							
18) Respects other cultures							
19) Relationship with family							
20) Relationship with peers							
21) Relationship with other adults							

***Thank you!***

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**CONFIDENTIALITY POLICY**  
Access to Confidential Records

In order for BBBS of Central Florida 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. The 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 not only to written records, but to video, film, pictures of, and use of client or volunteer's name in agency publication. All records are considered the property of the agency. 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.

Limits of Confidentiality

1. 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 or volunteer.
2. Identifying information regarding clients and volunteers may be used in agency publications or promotional materials if the client or volunteer has given permission.
3. For purposes of program evaluation, audit, or accreditation, and with the prior approval of the Board of Directors, the National Big Brothers Big Sisters of America may have access to client and volunteer records. 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.
4. Members of the Board of Directors have access to client files only upon authorization by formal motion of the Board of Directors. The motion shall state who shall be authorized to review the records, the specific purpose for such review and the period of time during which access shall be granted. Known violations shall be reported to the Board President. A violation of the agency's confidentiality policy by a Board Member shall constitute adequate cause for removal from office.
5. Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.
6. 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 information, and its confidentiality is protected by law.
7. State law mandates that suspected child abuse be reported to the appropriate authorities (Department of Children and Families). All workers are responsible for staying abreast of such reporting requirements of their respected jurisdiction and shall always comply with mandated procedures.
8. 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. This may include a medical referral or a report to the local law enforcement authorities.

**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 program participation under the conditions set forth.**

Name (print): \_\_\_\_\_

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



**INTERESTS AND ACTIVITIES**

Childs' Name: \_\_\_\_\_

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

Please check areas of interest and activities that you would enjoy.

<i>SPORTS</i>		<i>SCIENCE &amp; MECHANICS</i>		<i>READING</i>	
Boating	_____	Auto Mechanics	_____	Comic Books	_____
Swimming	_____	Airplanes	_____	Newspapers	_____
Snorkelling	_____	Chemistry	_____	Fiction	_____
Water Skiing	_____	Electronics	_____	Non Fiction	_____
Soccer	_____	Space Science	_____		
Football	_____			<i>CULTURAL</i>	
Softball	_____	<i>ARTS &amp; CRAFTS</i>		Symphony	_____
Baseball	_____	Drawing	_____	Opera	_____
Basketball	_____	Painting	_____	Ballet	_____
Volleyball	_____	Dancing	_____	Live Theater	_____
Golf	_____	Singing	_____	Concerts	_____
Tennis	_____	Acting	_____	Movies	_____
Track	_____	Ceramics	_____		
Wrestling	_____	Photography	_____	<i>GAMES</i>	
Racquetball	_____	Needlepoint	_____	Card Games	_____
Bowling	_____	Cooking	_____	Checkers	_____
Ping Pong	_____	Sewing	_____	Chess	_____
Bicycling	_____	Woodworking	_____	Dominos	_____
Kites	_____	Model Airplanes	_____	Video Games	_____
Roller Blading	_____	Model Boats	_____	Board Games	_____
Weight Lifting	_____	Model Cars	_____		
Horseback Riding	_____			<i>OTHER INTERESTS</i>	_____
Auto Racing	_____	<i>OUTDOOR LIFE</i>		Collecting Things	_____
Fishing	_____	Animals	_____	Computers	_____
Hiking	_____	Birds	_____	Shopping	_____
Martial Arts	_____	Gardening	_____	Beach	_____
Physical Fitness	_____	Stars	_____		

**ADDITIONAL COMMENTS:**

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**PARENT CONSENT TO RELEASE INFORMATION FORM (SCHOOL)**

I, the undersigned, hereby authorize:

School: \_\_\_\_\_

Counselor/Teacher: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

to release information for professional use to Big Brothers Big Sisters of Central Florida, from the records of:

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I understand that the information will be used to assist in evaluating my child for acceptance into the Big Brothers Big Sisters program. I understand that any information received as a result of this authorization will be treated as confidential and will not be further distributed without my express written consent with the exception if information has already been released as a result of this authorization.

Name of Parent/Guardian: \_\_\_\_\_

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



**PARENT/GUARDIAN CLINICAL RELEASE CONSENT FORM**

If your child is currently receiving services, or has received services in the past, from a mental health facility, youth service agency, or an individual professional, please complete, sign and date the following statement.

**Check here if your child has never received any of the above mentioned services**

I, the undersigned, hereby authorize:

Name of Agency/Group \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Treatment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

to release information related to medical, psychiatric, psychological and drug and alcohol treatment to Big Brothers Big Sisters of Central Florida, Inc. for \_\_\_\_\_

(Name of child)

born on \_\_\_\_\_.

(Date of birth)

I understand that the information will be used to assist in evaluating my child for acceptance into the Big Brothers Big Sisters program. I understand that any information received as a result of this authorization will be treated as confidential and will not be further distributed without my express written consent with the exception if information has already been released as a result of this authorization. This consent is subject to revocation at anytime except to the extent that the program, which is to make the disclosure, has already taking action in reliance on it. If not previously revoked, the authorization expires one year from the date noted below.

If this authorization is requested by someone other than the individual whose Protected Health Information is to be used and/or disclosed, the requester will sign below and indicate the source of the authority for requesting the release. I understand that once the above information is disclosed, it may be re-disclosed by the recipient and the information may not be protected by the federal privacy laws or regulations.

Name of Parent/Guardian (print): \_\_\_\_\_

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

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**PARENT/GUARDIAN CONSENT FOR MEDIA RELEASE**

I, \_\_\_\_\_, hereby authorize and give full consent  
(Parent/Guardian Name)

to Big Brothers Big Sisters of Central Florida to copyright, publish, and use all films, photographs, videotapes or other reproductions in which I appear or my child (children), and/or ward(s) named below appear:

- A. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- B. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- C. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I further agree that Big Brothers Big Sisters of Central Florida may use these reproductions for any and all exhibitions, public displays, publications and advertising purposes without limitation or reservation or any compensation other than that of which receipt is hereby acknowledged.

**I do not authorize Big Brothers Big Sisters of Central Florida to copyright, publish, and use all films, photographs, videotapes or other reproductions in which I or my child (children) and/or ward(s) appear.**

Parent/Guardian Name (print): \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_