



# Big Brothers Big Sisters

of Palm Beach & Martin Counties, Inc.

1700 Kirk Road, West Palm Beach, FL, 33406 • 101 SE Central Parkway, Stuart, FL, 34994

Phone: 561 727-3450 • Fax: 772-283-0803

Start Something! • [www.mentorbig.org](http://www.mentorbig.org) • EIN: 59-2676889

## School and Site Based Volunteer Application

Name \_\_\_\_\_ Date \_\_\_\_\_

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

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Social Security # \_\_\_\_\_ D.O.B. \_\_\_\_\_ Years in FL \_\_\_\_\_ Marital status \_\_\_\_\_

Have you ever had any involvement with the police or court system? Yes No

Have you ever been convicted of a crime? Yes No

Do you have transportation available to your selected site? Yes No

Are you experiencing any physical/mental health issues that may affect a match? Yes No

Have you ever applied before (or have been) a Big Brother or Big Sister? Yes No

When and where: \_\_\_\_\_

The agency and our National organization have a non-discrimination policy that mirrors Federal statutes. Our policy specifically covers race, color, religion, national origin, marital status, sexual orientation, veteran status or disability. We feel that the parent/guardian has the right to have their child mentored by an individual who meets with their preferences.

None of the answers to the following questions will disqualify the applicant.

Do you have a personal religious preference? Yes No Preference \_\_\_\_\_

What is your sexual orientation? Heterosexual Homosexual Race \_\_\_\_\_

Highest Level of Education \_\_\_\_\_ Ethnicity \_\_\_\_\_

### REFERENCES

Please type or print information requested for two references: 1) your current or past employer who has known you for at least 1 year; or if you are not working a friend and 2) a co-worker or friend who has known you for at least 2 years

1.) \_\_\_\_\_  
**EMPLOYER, COWORKER OR FRIEND NAME**

1.) \_\_\_\_\_  
**SUPERVISOR NAME (OR TEACHER IF STUDENT)**

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

Work Hours \_\_\_\_\_ Can we contact you at work? \_\_\_\_\_

2.) \_\_\_\_\_  
**COWORKER OR FRIEND** Day Phone # \_\_\_\_\_ Other # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

3.) \_\_\_\_\_  
**EMERGENCY CONTACT NAME** Day Phone # \_\_\_\_\_ Other # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ Relationship \_\_\_\_\_



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## SCHOOL & SITE BASED VOLUNTEER CONSENT

I, \_\_\_\_\_, understand that:

- 1) The references I listed may be contacted by mail, telephone, or email;
- 2) I am not obligated to perform any volunteer services;
- 3) The information I provided may be used to conduct a background check, to include driving records check, criminal background check, and other records where required by local, state, or federal law for volunteers working with youth;
- 4) The BBBS agency is not obligated to match you with a youth; and,
- 5) As part of our enrollment processes, we will be asking you to provide additional personal information prior to making any recommendations for assignment.

In determining whether an applicant will be considered for a match with a Little, information about his/her health, personality and behavior will be explored. Either party has the right to refuse to enter into a match based upon the information communicated.

I hereby authorize Big Brothers Big Sisters of Palm Beach and Martin Counties, Inc. to secure information it deems necessary from the following sources: medical records, employers, educational institutions, the military, criminal records, National and State Sexual Offenders and Predators Check, and any other pertinent sources to evaluate my potential as a volunteer.

**If I am matched, I understand that I am committing to a minimum of 12 one hour sessions with a student at the selected site. I agree to remain in contact with BBBSPBMC throughout the life of my match.**

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

Printed Name of Applicant: \_\_\_\_\_

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

Preferred Site/School: \_\_\_\_\_

Please circle the days that you are available: Mon Tues Wed Thurs Fri Any

Please indicate the times that you are available:

After school mentoring is any time between 3:00 to 5:00



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## CONFIDENTIALITY POLICY

In order for Big Brothers Big Sisters of Palm Beach and Martin Counties, Inc. to provide a responsible and professional service, volunteers, children and parents or guardians may be asked to divulge personal information about themselves. The agency respects the confidentiality of client and volunteer records, and with the exception of the situations listed below, shares information only among the agency professional staff.

1. For the purpose of program evaluation, audit, or accreditation, certain outside bodies such as Big Brothers Big Sisters of America and grantors, i.e. Children’s Service Council of Martin County, may have access to client or volunteer records.
2. Members of the Board of Directors may have limited and specific access to client files only upon authorization by formal motion of the Board of Directors.
3. Information shall only be provided to law enforcement officials or the courts if subpoenaed.
4. Information shall be provided to the agency’s legal counsel in the event of litigation involving the agency.
5. Suspected child abuse will be reported to the appropriate authorities.
6. If any agency worker receives information indicating that a client or volunteer may be dangerous to himself or others, steps may be taken to protect the appropriate parties.
7. All records are considered the property of the agency.
8. Records are not available for review by clients or volunteers.

## P U B L I C A T I O N / M E D I A R E L E A S E

*I agree to the use of profile information concerning my participation in Big Brothers Big Sisters. I understand this information may be used for recruitment and development purposes and that it may involve the use of: videotape or still photographs, and/or voice recordings.*

I have read and understand the above document which states the agency policy with respect to confidentiality of records and information. I agree to program participation under the conditions it sets forth.

In the event that the applicant is under 18 years of age, it is necessary that a parent or legal guardian sign this release.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Check one: **PARENT/GUARDIAN OF CHILD OR TEEN** \_\_\_\_\_ **VOLUNTEER** \_\_\_\_\_



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### CHILD SAFETY GROUND RULES

#### For School-Based and Community-Based Programs

- Prohibited Activities:
  - Overnight Visits \*
  - Use of Alcohol and Illicit Drugs
  - Non Disclosure of Firearms (see Policies/Procedure<sup>i</sup>)
  - Non Disclosure of suspected Child Abuse/Neglect (see Reporting Policy/Procedure<sup>ii</sup>)
  - **School-Based Mentoring beyond school grounds**
- Transportation
  - Seatbelt and child safety seat state law requirements
    - **Summary of Mandatory Seat Belt Laws**
    - Seat belt laws apply to all cars, pickup trucks, and vans operated on Florida roads.
    - All passengers in the front seat must wear a seat belt.
    - All passengers under 18 must wear a seat belt
  
    - **Florida Child Restraint Requirements**
    - Children 3 and younger must be secured in a federally approved child-restraint seat.
    - Children 4 through 5 must be secured by either a federally approved child restraint seat or safety belt.
    - The Driver is responsible for ensuring that the child is that the child is properly restrained.
  - **School-based mentors are prohibited from transporting Littles**
  - Firearms are prohibited in any vehicle that is transporting a Little
- Medical Procedures – as outlined in the Authorization for Medical Treatment
- Communication/Parental Approval of all activities
  - Parents/Guardians will be informed and approve all activities in advance
  - **Communication should be open at all times between match parties and agency staff (children should never be asked to keep a secret)**
  - Respect for all match parties will be demonstrated at all times
  - Emergency contact information will be provided and exchanged between match parties and agency staff.
- **Limit Setting through Positive Reinforcement**
  - Positive limit setting strategies will be outlined based on the age of the child and any developmental concerns (i.e. ADHD, Special Needs, etc.)
  - Corporal punishment, verbally and/or emotionally abusive means of discipline by Bigs is strictly prohibited and will result in match termination and/or possible reporting of suspected abuse to Florida's Child Abuse Hotline – if deemed appropriate.



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▪ **Preventing Over-Involvement with the Child and/or The Child’s Family**

- Gift Buying should be approved in advance by the parent/guardian with agency staff notified when a gift of an excessive nature is given to a child
- Monetary donations or donations for services by the Big to the child’s family should be discussed and approved by the agency’s match support staff in advance
- Excessive contact over the agreed upon schedule should be discussed with the agency staff (especially critical in the early stages of a match relationship)
- Involvement of other children on outings should be discussed in advance with the child’s parent/guardian and agency staff

▪ **Interactions between volunteers and children will show respect for privacy and personal boundaries.**

▪ *Children have the right to feel safe at all times. Appropriate and positive interactions between Bigs and Littles are essential in supporting positive youth development and making youth feel valued. Conversely, inappropriate or harmful interactions can potentially injure a child physically and/or emotionally. Maintaining a balanced approach to development and monitoring of the match to ensure adherence to agency ground rules in this area is critical to positive youth development and child safety.*

▪ *Agency ground rules surrounding volunteer and child interactions support strategies that help children establish a clear set of personal safety boundaries promoting skill-building that may prevent the child from becoming the victim of violence and/or exploitation (bullying, child sexual abuse, internet exploitation, dating violence, etc.) and/or encourage a child to disclose abuse or victimization.*

- Volunteers are encouraged to be sensitive to whether a hug or other form of physical touch would be comfortable to a child or not (for example, especially at the early stages of a match, a child can be asked if it’s okay to give them a hug) **School-Based Mentoring must abide by the No touch Policy defined by the Martin County School District**
- Certain types of physical contact such as: tickling, wrestling, pinching, patting, or asking a child to sit on an adult’s lap are more likely to violate a child’s personal boundaries.
- Display or discussion of any materials of a sexual nature is strictly prohibited.
- Volunteers need to provide separate, private areas for a child to: change clothes, bathe, shower and/or nap
- Volunteers should never sleep or nap with a child in the same bed, sleeping bag or couch
- **Volunteers should never come between a parent and their child; volunteers need to respect a parent’s role and authority**

**\*Under extenuating circumstances, exceptions may be made on a case-by-case basis. Exceptions will be considered if and only if all of the**

<sup>i</sup> The American Academy of Pediatrics and the Center to Prevent Handgun Violence recommends the following safeguards if you keep a gun in your home: always keep your gun unloaded and locked up; lock and store bullets in a separate location; make sure children don’t have access to the keys; ask police for advice on safe storage and gun locks; the best way to reduce gun risks is to remove the gun from the home.. (1996, 2nd Edition, Keep Your Family Safe from Firearm Injury). Agency policy requires that any and all firearms in the home be disclosed to agency staff prior to the match and be fully secured. Firearms are prohibited in any vehicle during transporting of a Little.

<sup>ii</sup> Volunteers and parents are required to communicate openly with agency staff any concerns for a child’s well-being, up to and including reporting any suspected child abuse to agency staff immediately. State law requires mandatory reporting by case managers. Reports to law enforcement and child protection authorities will be handled by agency professional staff, in cooperation with the parties involved.

*I have read and understand these rules and policies and understand that failure to comply may result in match termination.*

\_\_\_\_\_  
Volunteer/Parent Signature

\_\_\_\_\_  
BBBS Match Support Specialist Signature

Date\_\_\_\_\_

Date\_\_\_\_\_