

Dear Parent or Guardian:

Thank you for your interest in Big Brothers Big Sisters of Central Oregon, a program of J Bar J Youth Services. Enclosed are the information and materials to begin the application process for your child's participation in the program. To provide the best possible mentoring for your child, we ask that you carefully complete these forms and send them back to us or drop them off at our office.

For your child to be eligible to participate in the Big Brothers Big Sisters program, he/she must reside in Deschutes County and be between the ages of 6 and 15 at the time of application. In addition, your son or daughter must want to participate in the program – we do not want to match a child with a Big Brother or Big Sister who is not truly interested in a match.

Although the screening process may take several weeks to complete, it is an important step in finding the best match for your child. We ask you to complete the following: written parent/guardian application, in-person child and parent/guardian interviews and confidentiality/exchange of information and medical release forms. Once the process is complete and your child is accepted into the program, he/she will be placed on a waiting list until the best match can be found.

We appreciate your patience and cooperation throughout the matching process. If you have any questions, please feel free to contact our office at 541-312-6047. We look forward to working with you and your child!

~ The Staff of Big Brothers Big Sisters

*\*The child and volunteer intake process used by Big Brothers Big Sisters of Central Oregon is a consistent process to determine eligibility of children, youth and volunteers for services based upon written eligibility criteria. Children, youth and volunteers are not excluded on the basis of race, religion, national origin, gender, sexual orientation, disability or marital status of parent. (Big Brothers Big Sisters of America, Standards of Practice for One-to-One Service for Programs Operating Within Affiliated Sponsoring Organizations, October 2003, V-15, page 7).*

**BIG BROTHERS BIG SISTERS  
OF CENTRAL OREGON**  
*Parent/Guardian Application*

Parent/Guardian's Name:		Child's Name:		
Address:	City:	State:	Zip:	School:
Home Phone:	Cell Phone:		Work Phone:	
Relationship to Child:	Parent's DOB:	Youth's DOB:	Youth's Gender	Ethnicity:
Email:	Parent/Guardian's Ethnicity:		Number in Household:	
Employer:	Occupation:			
Address:	City:	State:	Zip:	
Can We Contact You At Work?  _____Yes    _____No	Work Hours:	Best Way to Contact You: (cell, email, etc)		

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 any medical conditions that might affect him or her when participating in activities with a Big Brother/Big Sister? \_\_\_\_\_
  
4. Does your child receive free or reduced lunch at school? \_\_\_\_\_
  
5. Is there a person who shares custody of this child? \_\_\_\_\_  
 If yes, are they aware of the child's enrollment in BBBS? \_\_\_\_\_
  
6. Does your child have a parent who is currently incarcerated? \_\_\_\_\_
  
7. Do you anticipate any significant life changes over the next year or have you had any in the past year? \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_

***Consent For My Child To Participate In The Big Brothers Big Sisters Program:***

I \_\_\_\_\_ (parent/guardian), hereby grant permission for \_\_\_\_\_ (child) to participate in the Big Brothers Big Sisters Program. As part of this program, I consent to let my child discuss, with a BBBS case worker, personal safety information that will give him/her skills in sexual abuse awareness and alcohol, tobacco, and drug prevention.

Please check if you \_\_\_ do \_\_\_ do not want your child's name and/or picture to be used in BBBS public relations materials (including the BBBS website, [www.bbbsco.org](http://www.bbbsco.org))

Further, I hereby agree to release BBBS of Central Oregon, its members, Advisory Committee, staff, volunteers or other supportive groups from any liability as a result of my child participating in the BBBS of Central Oregon program, so long as such injury is not caused intentionally by BBBS of Central Oregon, its members, Advisory Committee, staff, volunteers or other supportive groups.

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Signature of Parent/Guardian

Date

If you have any questions about this form or the application process, please call the Big Brothers Big Sisters office at: 312-6047.

**Please return your complete application to:**

**Big Brothers Big Sisters of Central Oregon  
2125 NE Daggett Lane  
Bend, OR 97701**

**Or you can fax it to: 312-6052**

*Big Brothers Big Sisters is a program of J Bar J Youth Services*

# **BIG BROTHERS BIG SISTERS OF CENTRAL OREGON**

## *Client Confidentiality Policy and Consent for Evaluation and Exchange of Information*

### **Confidentiality Policy**

Information about Big Brothers Big Sisters of Central Oregon clients is confidential. No information about a youth may be released to anyone outside the program without the written permission of the parent/guardian of the youth. Volunteers who are matched with a child are required to keep all information received or learned about a youth confidential. The following reasons are the only exceptions to this policy:

- In a medical emergency, the volunteer may provide information to medical personnel who will be dealing with the emergency (separate Medical Release Form).
- State law mandates that suspected child abuse be reported to the appropriate authorities. All BBBS staff and volunteers are required to report suspected child abuse.
- State law mandates that suspected harm or danger to oneself or another be reported to appropriate authorities. All BBBS staff and volunteers are required to report suspected harm to or by a client.
- Information shall only be provided to law enforcement officials or to the courts pursuant to a valid and enforceable subpoena.

I agree to keep information discussed with me regarding a potential (Big Brother, Big Sister, Little Brother, Little Sister) match confidential. I will not discuss this information with any person other than the assigned professional staff of the Big Brothers Big Sisters agency.

### **Evaluation and Release of Information**

In order to ensure an appropriate evaluation and a match for my child, I \_\_\_\_\_ (parent/guardian) hereby authorize BBBS of Central Oregon to conduct a complete assessment and to share the information with prospective volunteer Big Brothers or Big Sisters and with members of the Youth Service Team (members include school counselors and other youth serving agency professionals), and to obtain any previous evaluation information on \_\_\_\_\_ (client), for the purpose of evaluating his/her needs, coordinating with other agencies and determining appropriate services including a match with a mentor. This information consists of whether I am currently or have in the past received services from other agencies, a general summary regarding the scope of services provided to me and my family, and recommendations for further assessment or services.

If needed, I also grant BBBS staff permission to transport my child.

**I have read and understand the above Confidentiality Policy and Evaluation and Release of Information statements. I hereby certify that I will take no action whatsoever against Big Brothers Big Sisters of Central Oregon because of any act and/or the revealing of any information during or after a complete evaluation. I waive my right to make any claim as a result hereof, directly or indirectly.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**BIG BROTHERS BIG SISTERS  
OF CENTRAL OREGON**

*Medical Information and Authorization for Emergency Medical Treatment*

Client's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Type \_\_\_\_\_

Allergies or Other Medical Conditions/Information \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Plan/Group # \_\_\_\_\_

Preferred Hospital or Emergency Treatment \_\_\_\_\_

**Emergency Contact Information (Friends or Relatives):**

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

In the event of an emergency, I authorize my child's Big Brother or Big Sister and/or Big Brothers Big Sisters of Central Oregon staff to administer first aid and to take my child to the nearest hospital as appropriate. I further authorize emergency medical treatment for my child.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone Number

**BBBS Case Manager: Melanie Price**

**Phone: 541-312-6047**