



Big Brothers Big Sisters of Mercer County
535 East Franklin Street
Trenton, NJ 08610

609-656-1000 (tel)
609-656-1122 (fax)
www.bbbsmercer.org

CHILD APPLICATION

I would like my child to be considered for the following program:

School Based OR Community Based

CHILD'S FULL NAME

CHILD'S BIRTH DATE CHILD'S SEX: M F

GUARDIAN'S FULL NAME

What is your relationship with the child? Parent Legal Guardian
Other Please specify:

ADDRESS

CITY STATE ZIP

HOME PHONE CELL PHONE

PARENT'S EMAIL ADDRESS

BACKGROUND INFORMATION: CHILD

ETHNICITY: Caucasian African-American Latino Asian Other

Does the child speak and understand English? YES NO

Does the guardian speak and understand English? YES NO

LIVING ARRANGEMENTS: Please list all individuals living in the home:

Table with 4 columns: Name, Relationship, Name, Relationship. Includes blank lines for entry.

Does the child have contact with the other parent? YES NO
If yes, how often?

Have you applied to our program before for this child? YES NO For another child? YES NO

If yes, name of child

How did you hear about our program?

PLEASE COMPLETE ALL 4 PAGES OF THIS APPLICATION - THANK YOU!

PARENT/GUARDIAN EMPLOYER _____

OCCUPATION _____ HOURS _____ WORK PHONE _____

Can you be contacted at work? YES ___ NO ___

Is Parent/Guardian in Military? YES ___ NO ___

Total Family Yearly Income: \$0 - \$30,000 _____ \$30,500 - \$60,000 _____ \$60,500 + _____

Does your child receive free/reduced lunch? YES ___ NO ___

CHILD ASSESSMENT

1. Does your child want to have a Big Brother/Sister? YES _____ NO _____

2. Is your child experiencing any behavior problems? If so, please explain:

3. Does your child have a physical disability, handicap, or health problem?

YES _____ NO _____ If yes, please explain: _____

4. Has your child ever been involved with the Juvenile Justice System? YES ___ NO ___

If yes, please explain:

5. Child's School: _____ Grade: _____

6. Does your child have enough friends? YES _____ NO _____

7. Is your child receiving counseling or therapy? YES _____ NO _____

If yes, please provide name and phone number of counselor/therapist:

8. How do you think your child could benefit from having a Big Brother/Sister?

9. Name three strengths about your child:

1. _____

2. _____

3. _____

10. Name three things you would like to see changed in your child or have your child do differently:

1. _____

2. _____

3. _____

11. My child is having trouble with: (please check all that apply):

Feeling Depressed

Fighting with Peers/Siblings

Hyperactivity

Low Self-esteem

Fighting with Parent(s)

Contact with the Police

Trouble with Teacher(s)

Getting Poor Grades

Cigarettes, Drugs, & Alcohol

Recent Trauma

Previous Abuse

Significant Weight Issue

I certify that the above information is true and accurate to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

CONFIDENTIALITY POLICY

In order for Big Brothers Big Sisters of Mercer County to provide a responsible and professional service to clients it is necessary for volunteers, clients & parents or guardians of clients to be asked to divulge extensive personal information about themselves and their families. This information is collected during an interview and is used to create a profile of the applicant. This profile will be used by the agency to best match you with a Big Brother/Big Sister. A similar profile of the adult volunteer will be discussed with you to insure that your desires will be respected.

Relevant information shall be provided to the parties involved, however, the name or names of the parties described shall be kept confidential before a match is made. Any party has a right to refuse to enter into the match based upon the information so communicated, and the agency is not obligated to assign or actively seek to assign, him/her a Big Brother/Big Sister. In the event of denial to participate in the program the reason for denial need not be given.

All records (including written, video, file, picture or use of prospective client or prospective volunteer’s name in agency publications) are considered the property of the agency and not the agency workers or clients or volunteers themselves. In order to provide a service which is in the best interest of the children served by the program, 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. Records are kept at the Big Brothers Big Sisters agency in areas that are only accessible to the agency’s staff and aren’t available for review by the clients, parents and/or volunteers.

The agency respects the confidentiality of clients & volunteer records and shares information about clients and volunteers only among the agency professional staff with the exception of situations listed below:

1. Information will be released to other individuals or organizations only upon written permission of the parent 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, certain outside bodies such as Big Brothers/Big Sisters of America may have access to client and volunteer records. These outside organizations shall be required to respect the agency policy on confidentiality. 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.

SIGNATURE NEEDED ON BACK – THANK YOU!

(Turn Over)

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 records, the specific purpose for such review and the period of time during which access shall be granted. Members shall be required to comply with the agency policies on confidentiality and may use the information only for purposes stated by the approved action of the Board of Directors. Known 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 law protects its confidentiality.
7. New Jersey State Law mandates that suspected child abuse be reported to the appropriate authorities (Division of Youth and Family Services). All workers are responsible for staying abreast of such reporting requirements and shall always comply with mandated procedures.
8. If an agency worker receives information indicating that a client or volunteer may be dangerous to him or herself or to others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or report to the local law enforcement authorities.

I have read and understand the above document that states the agency policy with respect to confidentiality of client and volunteer records. I agree to keep all information regarding the individual involved in the match confidential. I agree to program participation under the conditions it sets forth.

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION & RELEASE

I give consent for my child to participate in an interview with BBBS staff focusing on school, home life, personal interests, and personal safety. I understand that this interview is conducted in order for BBBS staff to explain the program to my child and to assess my child for a compatible Big Brother/Big Sister. For School-Based matches, I give consent to Big Brothers Big Sisters of Mercer County, Inc. and to my child's school to discuss my child's social, academic, and behavioral information. The School Counselor or another school representative may be present when my child meets with BBBS staff.

Parent/Guardian Signature: _____ Date: _____

PARENT/CHILD PHOTO AND SOCIAL MEDIA RELEASE

Big Brothers Big Sisters of Mercer County believes that the power of sharing our stories via social media can lead to many positive outcomes including greater awareness of our program in the community and more potential matches. However, child safety and parents' ease of mind are our top priorities. Please complete the following social media release:

_____ I allow BBBS Mercer to use photos of my child and their Big on social media and marketing materials to increase awareness, volunteerism and donations to the program.

Photos may be used for agency advertising using: _____ Newsletters _____ Social Media (e.g. Facebook) _____ Newspapers (Please indicate all that apply).

_____ I DO NOT allow BBBS Mercer to use photos of my child and their Big on social media and marketing materials to increase awareness, volunteerism and donations to the program.

Parent/ Guardian Signature: _____ Date: _____ Rev. 7/19