



Big Brothers Big Sisters®

OF THE CAPITAL REGION, NY

Confidentiality Policy (To be read and signed by Agency Clients and Volunteers)

Purpose of Internal Policy on Confidentiality of Records Big Brothers Big Sisters reserves the right to determine when it is in the best interests of the Agency or the participants in its programs to disclose to outside parties any information it receives from its volunteers, clients, and parents or guardians of clients. The agency, however, respects the confidentiality of client and volunteer records and therefore has set forth the following internal guidelines for when such information may be disclosed to someone outside of the agency professional staff. Confidentiality is to be maintained not only as to written records, but also as to video, film, pictures and any other depiction of the name, likeness, or other description of the client or volunteer by the agency in any publication or promotional material. Although this policy on Confidentiality of Records is intended to provide guidelines for the professional staff of the agency relating to disclosure of information, it is not intended to limit in any way the agency's right to exercise its discretion to disclose information and it is not intended to create any rights in or liability to any third-party arising out of any such disclosure.

Agency Records All records are considered the property of the agency and not the property of any agency employee, client, or volunteer. In order to provide a service that is in the best interest of the children enrolled in our program, information from outside sources, including confidential references, must be assessed along with other information gained from the clients or volunteers. Records are not available for review by clients or volunteers.

Identities of prospective match participants shall not be revealed prior to full agreement to meet. Only first names are used; last names are shared with match participants after the involved parties have agreed to meet.

Disclosure upon Request or Consent of Clients or Volunteers Information from client and volunteer records may be shared with the individuals or organizations as specified below under the following conditions:

- Information may be released to other individuals or organizations upon presentation of an authorized "consent to release information" form appropriately signed by the client or volunteer. In the event an authorized consent form is submitted, the agency may exercise its discretion to release the requested information. A summary of the



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information provided will then be completed and placed in the file.

- Identifying information (including photographs, videos, etc.) regarding clients and volunteers may be used in agency publications or promotional materials if the client or volunteer has signed a form authorizing permission for photos and/or their name to be printed in the agency newsletter or promotional materials.

I give permission for the above named uses of my image _____ I

decline permission for the above named uses of my image _____

Disclosure upon Consent of Board of Directors For purposes of program evaluation, audit, or accreditation, and with the prior approval of the Board of Directors, certain outside bodies such as Board Members or Big Brothers Big Sisters of America may have access to client and volunteer records. Members of these bodies will be required to respect the agency policy on confidentiality.

Disclosure to Government Agencies Information may be provided to law enforcement officials, governmental agencies, or the courts pursuant to a subpoena duces tecum, other court order, upon the advice of counsel that production is appropriate pursuant to court process, or when in the exercise of the discretion of the Board of Directors Chair or designee in consultation with the CEO such disclosure is in the best interest of the child and/or agency.

Disclosure in Event of Threatened Legal Proceedings Information may be provided to the agency's legal counsel in the event of litigation or threat of litigation involving the agency.

Disclosure in the Event of Suspected Child Abuse In compliance with state law, the agency shall disclose any suspected child abuse to the appropriate authorities and follow-up with a written report within 24 hours.

Disclosure When Deemed in Best Interest of Client or Volunteer If an agency worker receives information indicating that a client or volunteer may be dangerous to himself or herself or others, necessary steps should be taken to protect the appropriate party and other potentially affected persons. This may include a medical referral or a report to the local law enforcement authorities.

Safekeeping of Confidential Records The CEO is considered the custodian of confidential records. It is his/her responsibility to supervise the management of confidential information in order to ensure safekeeping, accuracy, accountability and compliance with BBBSA Standards for 1:1 service and board policies.



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Violations of Confidentiality A known violation of the agency's internal policy on confidentiality shall result in disciplinary action. Depending on the seriousness of the violation, the action may be a written warning, suspension without pay, or termination.

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 it sets forth.

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

Dated: ____/____/____ Client/Volunteer Signature _____

Regional Office: 1698 Central Avenue, Albany, NY 12205. (518)
862-1250 (fax) 862-125 e-mail: info@bbbscr.org web:
www.bbbscr.org

VOLUNTEER BACKGROUND INVESTIGATION CONSENT FORM

DISCLOSURE: In relation to your application for volunteer status, or your current volunteer status, your volunteer organization may obtain a consumer report or an investigative consumer report. Such reports may include information as to your character, general reputation, personal characteristics, and mode of living. Also, subsequent reports may be requested to update, renew or extend your volunteer status. This disclosure is given to you in compliance with the Federal Fair Credit Reporting Act and applicable state law. You have the right to request additional disclosures as to the nature and scope of the investigation from your volunteer organization. Such request must be made in writing.

The following information is for the sole purpose of undertaking a volunteer background investigation.

Current Name		Previous Name(s) – e.g. maiden name (use additional paper if needed)	
First	<input type="text"/>	First	<input type="text"/>
Mid	<input type="text"/>	Mid	<input type="text"/>
Last	<input type="text"/>	Last	<input type="text"/>
Suffix	<input type="text"/>	Suffix	<input type="text"/>

Address(No PO Boxes)

City **State** **Zip**

County

Day Phone - **Evening Phone** -

Email Address

Social Security Number **Date of Birth*** Month Day Year

Gender Female Male **May we contact your current employer?** Yes No

Name as appears on Driver's License

Driver's License Number **Driver's License State of Issue**

Professional License Type (If applicable.) **Professional License State**

Professional License Number **Professional License Expiration Date**

For the past ten years, list the county and state of your previous places of residence (use additional paper if needed):

County (Not Country)	State	From	Month	Year	to	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been convicted of a misdemeanor or felony? Yes No

Do you have any pending criminal charges against you at this time? Yes No

If yes to either question, where: _____ **Date of Offense:** _____

Nature of Offense: _____

Court: _____ **Case Number:** _____

Please explain: _____

A conviction record will not necessarily be a bar to employment. Factors such as job relatedness, age at the time of the offense, type of offense, and rehabilitation will be taken into account.

AUTHORIZATION RELEASE I certify receipt of this notice and the attached summary of rights and hereby give permission to my volunteer organization and its agents to verify the information submitted by me and to conduct a background investigation on me. I understand this may include social security number verification and address history, criminal history, driving history, a credit report, education history, license/certification verification, past employment information, reference checks and/or any other public records. I authorize the complete release of these records. Such verification shall not constitute a violation of my right to privacy in any manner and I hereby release them from all liability whatsoever for actions related to this information. I understand that the sole purpose of obtaining this information is for volunteer status reasons. I understand that I must provide my date of birth to adequately complete the background investigation, and acknowledge that my date of birth will not affect any decision as to my volunteer status.

ACKNOWLEDGEMENT I acknowledge receiving a summary of my rights under the FCRA and a copy of the NY Corrections Law Article 23-A. **New York Applicants Only** Upon written request, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

Print Name of Applicant _____ **Signature of Applicant** _____ **Date** _____

* This information is for consumer report purposes only. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- ✓ **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- ✓ **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- ✓ **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- ✓ **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- ✓ **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- ✓ **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051

NEW YORK CORRECTION LAW
ARTICLE 23-A
LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption. 1.

In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement. 1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

Regional Office: 1698 Central Avenue, Albany, NY 12205 (518) 862-1250
(fax) 862-1256 e-mail: info@bbbscr.org web: www.bbbscr.org

For agency use only:

Govt. ID: _____

DMV Lic.: _____

Auto Ins.: _____

CB SB SB+ HS Big

VOLUNTEER APPLICATION

Thank you for your interest in becoming a Big Brother or Big Sister. Please submit completed application in-person, via email to info@bbbscr.org or fax to 518-862-1256; or hand deliver or mail to **1698 Central Avenue Colonie, NY, 12205.**

Along with this application, you will need to submit a copy of a government-issued photo ID, as well as your driver's license (*if not used as your government-issued photo ID*), and proof of auto-insurance, if you plan to transport a child within the community-based program. **A one-time, non-refundable application fee of \$30.00 will be required and collected during your interview.** All applications will be given equal consideration regardless of race, age, sex, disability, marital status, sexual orientation, religion or national origin.

GENERAL INFORMATION

First Name:	Middle Name:	Last Name:	Preferred Name :
Home Phone #:	Work Phone #:	Cell Phone #:	Is it okay to text you? <input type="checkbox"/> Yes <input type="checkbox"/> No Cell phone Provider:
Home Address:	City:	County:	State: Zip:
Personal E-mail:	Work E-mail:	How do you prefer to be contacted? (Phone, e-mail, time of day, etc.)	
Social Security Number:	Gender:	Marital Status:	
Date of Birth:	If applicable, maiden name:		
Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multi-race (check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other			
Nationality/Country of Origin:			
Occupation:	How Long Employed?	Work Hours?	
Highest Level of Education:	Are you a student at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please name school:		
Area of Study:			
Do you have current or past military experience? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates of Service:	
Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard			
Component: <input type="checkbox"/> Active <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve		Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you separated/discharged (other than retired)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If retired, separated, or discharged, please check the character of separation/discharge:

- Honorable General (under honorable conditions) Under Other than Honorable Conditions
 Bad Conduct Dishonorable

Possession of a driver's license is required if you will be transporting a program youth in any vehicle you are operating.

Do you have a current and valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state of issue and #: Expiration date:	Do you have a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have valid insurance that meets or exceeds state required minimum? <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Have you previously applied to be or served as a Big Brother or Big Sister here or anywhere else? Yes No
If yes, when and where?

Have you ever been involved with Big Brothers Big Sisters in a capacity other than a Big? Yes No
If yes, when and where?

Have you ever been involved with or volunteered for another youth organization? Yes No
If yes, when and where?

Have you ever been denied acceptance or released from service as a volunteer or employee for another Big Brothers Big Sisters program or youth-serving organization? Yes No
If yes, when and where?

Are you interested in learning about additional ways to contribute to the Big Brothers Big Sisters mission? Yes No
If yes, please check all interests that apply.

- Becoming a donor
- Helping to recruit volunteers
- Volunteering at agency events for matches, Littles, waiting-list children, etc.
- Volunteering at agency fundraising events
- Inviting BBBS to speak at a company, church, organization, or other group of which I am a member

REFERENCE INFORMATION

Please list information for at least three references below including:

1. Your spouse or domestic partner (i.e., if you live with a significant other/ girlfriend/boyfriend) OR a family member, if you do not have a spouse, partner, or significant other);
2. Current or former employer or co-worker you have known for at least one year, or someone from your school if you are a student; AND
3. A friend or neighbor you have known for at least two years.

Spouse/Partner's name:		Family member name (if no spouse/partner):		
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Employer or Co-worker (current or past) or school personnel (if you are a student):				
Address:		City:	State:	Zip:
Day Phone #:	Cell #:	Email:		
Friend, Neighbor, or other personal reference:				

Address:	City:	State:	Zip:
Day Phone #:	Cell #:	Email:	

In addition to the references above, Big Brothers Big Sisters requires references from all youth serving organizations at which you have worked or volunteered in the past. Please list additional on separate page, if needed.

Organization name:		Direct supervisor:	
Address:	City:	State:	Zip:
Day Phone #:	Cell #:	Email:	
Dates of involvement/employment:			
Reason for leaving:			
Organization name:		Direct supervisor:	
Address:	City:	State:	Zip:
Day Phone #:	Cell #:	Email:	
Dates of involvement/employment:			
Reason for leaving?			
Organization name:		Direct supervisor:	
Address:	City:	State:	Zip:
Day Phone #:	Cell #:	Email:	
Dates of involvement/employment:			
Reason for leaving:			

I consent to and understand that:

- 1) The references and youth serving-organization I listed may be contacted by mail, telephone, email, or in-person;
- 2) The information I provided may be used to conduct a background check, to include a search of public domain records, driving records check, juvenile and adult criminal history check (*see attached authorization*), military records, and other records where required by local, state, or federal law for volunteers working with youth;
- 3) I am in no way obligated to perform any volunteer services;
- 4) The application fee of \$30.00 is a one-time, non-refundable fee and does not guarantee your acceptance as a volunteer in our program.
- 5) The BBBS agency is not obligated to match me with a youth and may deny my application or close my match at any time, and to protect all participants' confidentiality, BBBS is not required to disclose reasons for doing so;
- 6) Other BBBS agencies and youth organizations where I have worked or volunteered may be contacted as references;
- 7) As part of the enrollment processes, I will be required to provide additional personal information, including completion of an in-person interview;
- 8) I understand that the information I provide in the enrollment process will be kept confidential, unless disclosure is required by law and with exceptions noted below.
- 9) I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities;

- 10) I understand that certain relevant information about me will be discussed with the parent/guardian of a child who is a prospective match (*this might include demographic information, information relevant to parent/child preferences, and any information relevant to a child's safety or well-being*);
- 11) It is my responsibility to update the agency if any of the information I provide on this application, in my interview, or any other information provided during the enrollment process changes (*i.e. address, phone number, auto-insurance, new criminal charges, etc.*).
- 12) I agree to timely communication and follow-up with all agency staff.

Please read the following carefully before signing this application:

I understand that this is an application for a volunteer opportunity and is not a promise or commitment by Big Brothers Big Sisters.

I certify that all information I have provided or will provide to Big Brothers Big Sisters, including this application, is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would affect my application for a volunteer position. I understand that information contained on my application will be verified by Big Brothers Big Sisters. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant or my termination as a volunteer.

At any time while involved with the Big Brothers Big Sisters program, I agree to immediately inform my Big Brothers Big Sisters contact person of any and all infractions, violations, charges and convictions related to any civil, domestic, or criminal occurrences. I understand that BBBS staff needs to be fully informed to provide the best guidance or support possible.

Signature _____ Date _____

If applicant is under the age of 18, co-signature of a parent/guardian is required for application and to obtain criminal history record check information:

Parent/Guardian Name: _____ Signature: _____ Date _____



Big Brothers Big Sisters.

OF THE CAPITAL REGION, NY

Social Media Policy for Bigs

We realize that many of our volunteers are active on social media channels, such as Facebook, Twitter, blogs and LinkedIn. As a volunteer for Big Brothers Big Sisters, and ultimately a representative of our organizations, we ask that you keep these guidelines in mind when engaging on social media.

- 1) **Safety of Little's is our number one priority:** It is very important to keep child safety and confidentiality issues in mind when communicating on social media sites. Please refrain from providing identifying information about your Little. Also, never share the location of a Little on social media sites. Ex) "My Little and I are having a great time at the zoo right now." **Specifying the location could jeopardize their safety.** Better option would be to delay the message until after the activity: "I had a great time with my Little at the zoo today."
- 2) **Never post any identifying information about your Little:** Please respect your Little's privacy and refrain from posting the last name, address, or school of your Little, his/her parent/guardian or BBBS staff. Also, no pictures of your Little's face may be posted online.
- 3) **Online privacy does not exist:** Please do not assume that things you publish on a private personal profile cannot be accessed, no matter what settings are applied to your social networking sites. As a general rule of thumb, please do not post anything that you would not want published in the newspaper.
- 4) **We ask that you DO NOT "friend" you're Little through social media channels.** Ex) Facebook, LinkedIn, Instagram or Twitter.
- 5) **Big Brothers Big Sisters has the right to monitor the social media activities of our Bigs:** If you are seen using social media inappropriately, your relationship with the agency could be terminated.

Please indicate below which social media sites you participate in. Please check all that apply:

- Facebook___
- Twitter___
- Instagram___
- Tumblr___
- Pinterest___
- Snapchat___
- Other _____

I have read and understand the social media guidelines set by Big Brothers Big Sisters of the Capital Region. By signing this document, I am pledging to abide by these guidelines when using social media.

Volunteer's Name (print)

Volunteer's Signature

Date



Volunteer Ground Rules

- Do not use alcohol, tobacco or other drugs in the presence of your Little. Use discretion when around others who are using alcohol or tobacco in the presence of your Little. Consult Match Support with any concerns or questions.
- Ensure that your Little wears a seatbelt while in a car. Don't allow your Little to ride with others. Never take your Little on a motorcycle.
- No wrestling, tickling, backrubs or sitting of child on your lap.
- No unwanted touch of any kind.
- Discuss suspicions of child abuse and/or neglect with us immediately.
- Do not use corporal punishment.
- Do not engage in demeaning or exploitive behavior.
- No overnights with your Little within the first 12 months of your match, and after that time, only with the permission of BBBSR and the parent/guardian.
- Notify Match Support of any outings planned that involve travel outside of the greater Capital Region.
- Do not ask your Little to keep secret information you have shared or behavior you have engaged in.
- Drop your Little off with his/her parent or, if pre-arranged, with another adult.
- Keep guns and ammunition locked in separate places in accordance with the Gun Policy.
- Inform the agency if you have an active social networking site or website. Bigs must: provide full access to the site upon request; ensure content is appropriate for the Little or not share content; and may not post any visual representations of Littles. BBBSR reserves the right to conduct random audits of sites.
- Always obtain parent/guardian permission before making plans for any outing. Do not rely on your Little to communicate your plans to their parent/guardian.
- Do not use outings as a tool for reward or discipline of your Little.
- Your Little was accepted into the program because he/she could benefit from individual attention. Generally speaking, your match outings should be only the two of you.
- Set appropriate limits with your Little and their parent/guardian. You are simply an adult friend to this child.
- In case of a medical emergency, take the child directly to the hospital. Call the parent/guardian and the family physician and notify the agency as soon as possible.
- Maintain confidentiality of information pertaining to your Little's personal or family circumstance. Share private information with BBBSR only.

Failure to adhere to any of these ground rules may result in closure of your match.

I UNDERSTAND AND AGREE TO THE ABOVE GROUND RULES:

Signature _____ Date: _____
Print _____



Big Brothers Big Sisters[®]

OF THE CAPITAL REGION, NY

Application Fee Form

The application fee of \$30.00 is a one-time, non-refundable fee and does not guarantee your acceptance as a volunteer in the program.

Name: _____

Address: _____

Phone # ____ - ____ - ____

Amount:

Email:

Paid by:

☐

Credit Card ☐

Cash ☐ Check

Credit Card #: _____

Expiration Date: __ __ / ____

CRV# (on back) _____

Additional Information:

Regional Office: 1698 Central Avenue, Albany, NY 12205. (518) 862-1250 (fax) 862-1256 e-mail: info@bbbscr.org
web: www.bbbscr.org



Big Brothers Big Sisters of the Capital Region

I, _____, completed BBBSCR's volunteer orientation on (date): _____. Included in this training was the topic of child abuse and child safety. I have been given mentor guidelines and a Volunteer Handbook. I have read the Volunteer Handbook in full. The Volunteer Handbook also addresses child abuse and child safety.

I agree to a layered background check and I understand my privilege to serve as a mentor depends on the results of this layered background check. This includes: local and state criminal offenses, an MVA report, SSN verification, references checks, and sex registry check (NYS and national). BBBSCR will rerun my background check every 3 years, so long as I am associated with the program.

Volunteer's Name (print)

Volunteer's Signature

Date



Gift Giving, Donations, Work For Pay Policy

- Gifts are permissible but not necessary for birthdays, holidays, special events or recognition of personal achievement;
- Gifts should never be purchased and kept at the volunteer's home without the permission of the parent/guardian and Match Support Coordinator;
- Gifts may be given up to 2 times per year and must be \$25 or under and may not be cash;
- Donations of furniture, clothing, money, computers, bikes or any professional services to Little/family are not sanctioned by BBBSCR;
- Providing opportunities for your Little to earn money should be discussed with the parent/guardian.

Big Signature

Date



Big Brothers Big Sisters[®]

OF THE CAPITAL REGION, NY

Clinical Inquiry Form

Date:

To:

From: Big Brothers Big Sisters of the Capital Region

Subject: Application to enroll client into our program: _____

1. Your Title: _____
2. How long have you been associated with this client professionally? _____
3. Describe why the client came to you for services: _____
4. What are/were the treatment goals for this client _____

5. Describe the type and frequency of service you are providing this client:

6. Describe the progress or lack of progress regarding the treatment goals:

7. In what specific ways do you think a mentoring relationship would be beneficial for this client?

8. In what ways might this client experience challenges if "matched" with a Little Brother or Little Sister?

9. If matched, what type of individual (i.e., skills and personality traits) do you think would be most compatible with this client? _____

10. **ON BACK:** Please include any other information you believe is pertinent to this request.

Signature: _____ Date: _____

Please complete this questionnaire and return to Lisa OSullivan via fax at 518-862-1256, or e-mail LisaO@bbbscr.org