



Big Brothers Big Sisters
of Flathead County

Dear Parent:

Greetings, and thank you for your interest in Big Brothers Big Sisters of Flathead County.

Our mission is to provide children facing adversity with strong and enduring, professionally supported 1-to-1 relationships that change their lives for the better, forever. Those who volunteer in our program have successfully completed our thorough screening process and are ready to commit to mentoring a child for at least one year.

We match “Bigs” with “Littles” ages 6-14 according to personal characteristics, activity level, and recreational interests. The application process for Littles includes a parent interview, a separate child interview, personal safety education for the child, and an evaluation from the child’s teacher (if necessary). Once a match is completed, we offer professional support for our Bigs, Littles and the Little’s family to make sure that the match is satisfying, fulfilling and effective.

To get your child’s enrollment process started, please complete the following paperwork and return it to our office.

- Little Brother or Little Sister Application
- Applicant Release and Authorization Form
- Policy on Confidentiality
- Activity Sheet

Please understand that it may take some time for us to find a suitable match for your child, However, it is best to get your child’s enrollment complete, so you child will be ready to be matched when the right volunteer does come along. Once we receive your paperwork, your child will be enrolled. As they move up the waiting list, a member of our staff will call you to schedule interviews for you and your child.

We are glad to have the opportunity to help you support your child. If you have any questions, please don’t hesitate to contact our office at 752-0092.

Sincerely,

Kim Krueger
Match Specialist

Big Brothers Big Sisters volunteers are not specifically trained in counseling or behavior management. For this reason, children who currently are receiving therapeutic services, counseling, or medication for emotional, psychological, or behavior management issues will be considered on an individual basis, to ensure their needs are properly addressed.



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Little Brother or Little Sister Application

DATE _____ CHILD'S NAME _____ (Include child's photo if possible)
 CHILD/PARENT EMAIL _____ AGE _____ BIRTHDAY _____
 ADDRESS _____ CITY _____ ST _____ ZIP _____
 MAILING ADDRESS (if different) _____
 PARENT'S HOME PHONE _____ WORK PHONE _____ CELL _____
 Is it permissible for the parent to be telephoned at work? () YES () NO
 REFERRED BY _____
 Why do you feel your child needs a Big Brother or Big Sister _____

FAMILY INFORMATION

PARENT/GRANDPARENT/GUARDIAN

MOTHER'S NAME _____ BIRTHDAY _____
 ADDRESS _____ OCCUPATION _____
 FATHER'S NAME _____ BIRTHDAY _____
 ADDRESS _____ OCCUPATION _____

MARITAL STATUS

Mother: Single () Separated () Divorced () Widowed ()
 Father: Single () Separated () Divorced () Widowed ()

SIBLINGS:	NAME	BIRTHDATE	LIVING AT HOME?
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

SCHOOL INFORMATION

CHILD'S SCHOOL _____ GRADE _____ TEACHER _____

Please check where appropriate:

____ Permission is granted to provide my name & address to other organizations for the purpose of receiving information on educational and recreational opportunities.

____ Permission is granted to use my child's name & photograph in presenting the program to the community.

RELEASE

In consideration of the permission granted to my child/grandchild to be a Little and participate in sponsored group activities, I hereby for myself, my heirs, administrators, and assigns release, remise and discharge Big Brothers Big Sisters of Flathead County and their respective servants, agents, officers, and officials from all claims, demands, actions, and causes of action for injury sustained to the person or property of _____, a Little Brother/Sister during his/her participation in sponsored activities due to negligence or any other fault. I HAVE READ THE FOREGOING RELEASE.

Dated this _____ day of _____ 20 _____

(PARENT/GRANDPARENT/GUARDIAN SIGNATURE)



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Authorization for Release of Information

I understand that in order for Big Brothers Big Sisters of Flathead County to determine how they can best serve the needs of my child, the agency may need to obtain additional information.

I hereby give my permission to Big Brothers Big Sisters of Flathead County to contact school personnel, counselors, Department of Public Health & Human Services, and other pertinent agencies or persons, to obtain/release any confidential information.

This release will continue in full force and effect until revoked by myself, as parent or guardian, in writing.

Child's Name

X

Signature of Parent or Guardian

Date _____



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Activity Sheet

- * Favorite Activities
- ✓ Like to Do

- T – Like to Try
- W – Like to Watch

Outdoor Life

- ___ Camping
- ___ Fishing
- ___ Hunting
- ___ Hiking
- ___ Gardening
- ___ Picnics

Arts & Crafts

- ___ Museums
- ___ Drawing
- ___ Painting
- ___ Singing
- ___ Drama
- ___ Photography
- ___ Musical Instrument
which: _____
- ___ Cooking
- ___ Sewing
- ___ Window Shopping
- ___ Woodwork-Building
- ___ Model Building
- ___ Pottery
- ___ Crafts

Other Interests

- ___ Reading
- ___ Card Games
- ___ Board Games
- ___ Puzzles
- ___ Video Games
- ___ Renting Videos
- ___ Going to the Movies

Sports

- ___ Boating
- ___ Water Skiing-Wake Boarding
- ___ Swimming
- ___ Baseball-Softball
- ___ Football
- ___ Basketball
- ___ Soccer
- ___ Golf
- ___ Tennis-Racquetball
- ___ Track
- ___ Jogging
- ___ Bowling
- ___ Go Carts
- ___ Bike Riding
- ___ Archery
- ___ Target Practice
- ___ Horseback Riding
- ___ Ice Skating
- ___ Rollerskating-Rollerblading
- ___ Pool
- ___ Volleyball
- ___ Auto Racing
- ___ Rodeos
- ___ Downhill Skiing/Snowboarding
- ___ Cross-Country Skiing
- ___ Hockey
- ___ Skateboarding

Science

- ___ Auto Mechanics
- ___ Model Airplanes
- ___ Computers
- ___ Science Fair Projects

Pets: _____ Other Interests: _____

Name: _____ Date: _____



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POLICY ON CONFIDENTIALITY

I. Access to Confidential Records

In order for Big Brothers Big Sisters of Flathead County to provide responsible, professional service to clients, it is necessary for volunteers, clients and parents or guardians of clients to divulge extensive personal information about themselves and their families. The agency respects the confidentiality of client and volunteer records. Such personal information about clients and volunteers shall be shared only among the agency professional staff, with the exception of the specific situations described below.

Limits on Confidentiality

1. Except as otherwise provided herein, confidential information concerning volunteers, clients and parents or guardians of clients may be released to or obtained from other organizations or persons only upon written consent to release/obtain such information by the affected volunteer, client or parent/guardian. Information will be shared in summary form. Duplicates of agency records will not be shared.
2. Identifying information concerning volunteers and clients may be used in agency publications or promotional material upon consent, written or oral, by the volunteer or client.
3. For purposes of program evaluation, audit or accreditation, and with the prior written approval of the Board of Directors, certain outside bodies, such as Big Brothers Big Sisters of America, may be granted access to client and volunteer records. These outside bodies shall follow this Agency policy on confidentiality. Outside bodies shall use such information only for the purpose(s) stated in the approval action of the Board of Directors.
4. Client and volunteer information shall only be provided to law enforcement officials or the courts by the Executive Director pursuant to a valid subpoena.
5. Montana law mandates the reporting of suspected child abuse by professional persons and officials listed in Section 41-3-201, MCA(1991). The agency's professional staff shall report suspected child abuse to law enforcement authorities when the staff knows or has reasonable cause to suspect that a client is an abused or neglected child. Such report shall be made to the Montana Department of Family Services, 2282 Highway 93 South, Kalispell, Montana, or the Flathead County Attorney's Office, 920 South Main, Kalispell, Montana.
 - a. In addition, if the alleged offender is a Big Brother or Big Sister, the board president, legal counsel, Big Brothers Big Sisters of America, and the agency's insurance carrier will be notified. The match will be suspended immediately.
6. Should the agency professional staff receive information that a client or volunteer may be dangerous to self or others, the Executive Director may authorize any Agency worker to take steps necessary to protect threatened individuals, including but not limited to making a medical referral or a report to law enforcement authorities. Clients and volunteers shall consent to this provision.
7. The Board of Directors shall have access to volunteer or client records only upon authorization by motion of the Board. Such motion shall state who shall be authorized to review records, the specific purpose for such review and the period of time authorized for such review. Any member of the Board granted such authorization shall be bound by this policy on confidentiality. A violation of this policy shall constitute good cause for removal from the Board.
 - a. Nothing in this policy shall be interpreted as preventing the Executive Director from presenting a monthly program report to the Board of Directors. The program report may identify volunteers and children by name only throughout the match process from inquiry to closure. The Executive Director may summarize other information about the program not otherwise subject to the policy on confidentiality.
8. Volunteer and client information shall be provided to the agency's legal counsel in the event of litigation or potential litigation involving the agency. Information provided to counsel shall be considered privileged pursuant to Section 26-1-803, MCA (1991).



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9. At the time a child or volunteer is considered as a match candidate, information may be shared between the prospective match parties. However, the identity of the prospective match mate shall not be revealed until the parent and volunteer agrees to meet.

Each match party shall have the right to refuse the proposed match based on the anonymous information provided. The information to be shared may include:

- a. Volunteer: age, sex, race, religion, interests, hobbies, marriage and family status, sexual preference, living situation, reasons for applying to the program and a summary of why the individual was chosen for the particular match.
- b. Child: age, sex, race, religion, interests, hobbies, family situation, living situation, a summary of the client needs assessment and expectations for match participation.

II. Safekeeping of Confidential Records

All case files and case notes, both active and closed, shall be kept in locking file cabinets. No files may be removed from the premises without approval of the Executive Director. Closed files will be retained by the Agency for a minimum of seven (7) years, or until the child reaches the age of twenty one (21), whichever comes first, after which time basic demographic information will be saved, and the remained of the record may be destroyed.

III. Violations of Confidentiality

Violations of confidentiality by agency personnel may result in disciplinary actions, including warnings, suspensions, or termination. Violations of confidentiality by volunteers and parents will result in warnings and if necessary, match closure.

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I understand the agency policy with respect to confidentiality of client and volunteer records.

I agree to program participation under the conditions it sets forth.

Volunteer/Parent/Guardian Signature

Date