

Thank you for your interest in the Big Brothers Big Sisters program. For any questions call **570-824-8756**. Please submit completed application via email to **mentor@bbbsnepa.org**, fax to **570-338-2894**, or mail to

**Carbon, Luzerne, Lackawanna, Monroe, and Wyoming County Office:**  
 Cross Valley Professional Building – 190 Welles St. Suite 168, Forty Fort, PA 18704

**Lycoming County Office:**  
 192 Beach Rd. P.O. Box 271 Montoursville, PA 17754

**Columbia, Montour, Northumberland, Snyder, and Union County Office:**  
 1610 Industrial Blvd. Suite 700, Lewisburg, PA 17837

Parent/Guardian First Name:	Last Name:	Preferred Name/Nickname:
Parent/Guardian Gender/Gender Identity: <small>Examples include: female, male, transgender, non-binary, gender queer, gender fluid, gender neutral</small>		Parent/Guardian Personal Pronouns: <small>Examples include: she/her, he/him, they/them, xe/xem, ve/ver</small>
Relationship to youth: _____ Do you have legal custody of the youth? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a person who shares legal custody of this youth? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are they aware and supportive of the youth's enrollment in the BBBS program? <input type="checkbox"/> Yes <input type="checkbox"/> No  Name: _____      Phone Number: _____		

Youth's First Name:	Middle Name:	Last Name:	
Preferred Name/Nickname:	Youth's Gender/Gender Identity:	Youth's Personal Pronouns:	Youth Date of Birth:

What is the youth's living situation?

Two-parent household     One-parent household     Grandparent  
 Foster Home     Group Home  
 Other relative of youth (non-parent) \_\_\_\_\_  
 Other \_\_\_\_\_

Home Phone #:	Parent/Guardian Cell Phone #:	Youth Cell Phone #:	Is it okay to text parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No    Cell Provider: Is it okay to text youth? <input type="checkbox"/> Yes <input type="checkbox"/> No    Cell Provider:
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Home Address:	City:	County:	State:	Zip:
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Parent/Guardian E-mail:		Youth E-mail:	
Youth's School:		Grade:	Student ID Number: (if applicable)
Youth's Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Write in _____ <input type="checkbox"/> Asian <input type="checkbox"/> Multi-race (check all that apply) <input type="checkbox"/> Black or African American <input type="checkbox"/> <i>American Indian or Alaska Native</i> <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> <i>Asian</i> <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> <i>Black or African American</i> <input type="checkbox"/> White <input type="checkbox"/> <i>Hispanic or Latinx</i> <input type="checkbox"/> <i>Native Hawaiian or Pacific Islander</i> <input type="checkbox"/> <i>White</i> <input type="checkbox"/> <i>Write in _____</i>			
Languages Spoken in the Home: Nationality/Country of Origin: Tribal Affiliation:			
Parent/Guardian Place of Employment: Parent/Guardian Work Phone #: May we contact you (the parent/guardian) at the work number listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please check the best number and time to contact you (the parent/guardian)?  Time of Day: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening  Location: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		If we are unable to reach you, who is someone we could call who always knows how to reach you?  Name: Phone Number: Relationship to youth/family:	

1. What is the primary reason for you wanting your child to have a volunteer Big?
2. Does your child know that you are applying for the program?     Yes     No
3. Does your child want to participate?     Yes     No     Unsure
4. Where did you hear about Big Brothers Big Sisters? Please check all that apply and provide details in space given.
  - School \_\_\_\_\_
  - Relative \_\_\_\_\_
  - Faith Organization \_\_\_\_\_
  - Service Organization (Nonprofits, food bank, social services, etc.) \_\_\_\_\_
  - Juvenile Justice System Referral \_\_\_\_\_
  - Website \_\_\_\_\_
  - TV/Radio \_\_\_\_\_
  - Event \_\_\_\_\_
  - Other \_\_\_\_\_
5. Does your child have siblings or relatives who are applying for the BBBS program at this time or who are currently in the program?  
 Yes     No33    If yes, please provide their name(s): \_\_\_\_\_



6. Do you anticipate any significant life changes over the next year, or have you had any in the past year? Examples of significant life changes include moving, job changes, or changes in family size or dynamics.

Yes  No If yes, please explain: \_\_\_\_\_

7. Will your child be able to meet with their Big at least one to three hours a week for the next year?

Yes  No

8. Does your child have any medical conditions that might affect them in participating in activities with a Big?

Yes  No If yes, please explain: \_\_\_\_\_

9. How many adults and youth currently reside in your household? Adults: \_\_\_\_\_ Youth: \_\_\_\_\_

10. Do you (parent/guardian) receive public income assistance at this time?

Yes  No

11. Do you (parent/guardian) receive assistance with housing (e.g. Section 8, residence in public-housing)?  Yes  No

12. Is your child eligible for free or reduced lunch?  Yes  No

13. Household Annual Income: (total income of the adults the youth lives with)

0-\$10,000  \$10,001-\$15,000  \$15,001-\$20,000  \$20,001-\$30,000  
 \$30,001-\$50,000  \$50,001-75,000  \$75,001-\$100,000+

14. Does your child have a parent/ guardian with current or past military experience?

Yes  No

If yes, please list dates of service:

- Branch:  Air Force  Army  Marine Corps  Navy  
 Coast Guard
- Component:  Active  National Guard  Reserve
- Is the parent currently deployed?  Yes  No  
If yes, please the date of deployment: \_\_\_\_\_

15. Does your child have a parent/guardian who is currently incarcerated?  Yes  No

16. Has your child ever been arrested or involved in the juvenile justice system?

(Answering yes to this question will not affect your child's acceptance into Big Brothers Big Sisters program.)

Yes  No If yes, please explain: \_\_\_\_\_

17. Within the last year, has your child been in trouble at school? If so, please check all that apply.

- Poor Grades
- Skipping school/classes
- Behavior problems (Describe: \_\_\_\_\_)
- Has been suspended (Reason for suspension: \_\_\_\_\_)
- Has been expelled (Reason for expulsion: \_\_\_\_\_)
- Sent to an alternative school (Reason for school change: \_\_\_\_\_)



By signing below, I give permission:

1. For my child to participate in the Big Brothers Big Sisters Program;
2. For the volunteer matched with my child, who has been screened and approved by Big Brothers Big Sisters, to personally interact with and transport my child to events and match activities, if applicable and allowed by program type;
3. For the school to provide social and academic information about my child to Big Brothers Big Sisters (e.g. report cards, behavior reports);
4. To have my child participate in an intake interview conducted by Big Brothers Big Sisters staff and complete questionnaires throughout their time in the program containing questions about school, home life, the match, and personal interests to evaluate and improve program services;
5. To have my child talk with a Big Brothers Big Sisters staff person about personal safety;
6. For BBBS staff to provide contact information for me and my child to the volunteer.

I understand that the program is not obligated to match my child with a volunteer and that as part of the enrollment process, I will be asked to provide additional information through an in-person interview. I understand that the information I provide in the enrollment process will be kept confidential, unless disclosure is required by law. I understand that incidents of child abuse or neglect, past or present, will be reported to proper authorities. I understand that certain relevant information about my child will be discussed with the volunteer who is a prospective match (i.e. demographic information, information relevant to volunteer preferences, and information relevant to child-safety and well-being).

I certify that all of the information on this form is true and correct and that all income is reported. I understand this information is being given for the receipt of federal funds, that the information on this application may be verified, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. I understand this information will not affect my qualification for the program.

I, on behalf of myself and my child, completely release and forever discharge Big Brothers Big Sisters of Northeastern Pennsylvania and its employees, agents, members, volunteers and all other persons on its behalf, together with any successors in interest, heirs, attorneys, agents, representatives, and all persons acting by, through, under, or in concert with them from all known and unknown charges, complaints, claims, grievances, liabilities, obligations, promises, controversies, damages, actions, causes of action, suits, rights, demands, costs, losses, debts, penalties, fees, wages, attorneys' fees and costs, and punitive damages of any kind or nature whatsoever, whether known or unknown, which I may have, or may have had, against Big Brothers Big Sisters of Northeastern Pennsylvania, arising from any participation in said program and activities, including but not limited to any liability to any right of action that may occur to such child/youth directly, or to me as their guardian. I intend and understand that this release and discharge is to be interpreted and enforced so as to provide the broadest release and discharge possible as may be permitted by law. I understand that this information may be shared with the school or with partnership agencies when applicable.

If my child is matched with a volunteer Big, I agree to support my child's match by reviewing the program and safety information given to me by Big Brothers Big Sisters, communicating with Big Brothers Big Sisters staff as outlined in expectations (which includes communication at least once a month in the first year of the match), and immediately reporting any concerns I might have to Big Brothers Big Sisters staff.

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

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

**BBBS Staff Signature:** \_\_\_\_\_

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

Copy offered:

- Accepted  
 Rejected





## CONFIDENTIALITY POLICY FOR BIG BROTHERS BIG SISTERS OF NORTHEASTERN PENNSYLVANIA AGENCY CLIENTS & VOLUNTEERS

### **Confidentiality**

In order for the program to provide a reasonable and professional service to clients and volunteers, it is necessary for volunteers, clients, and parents/guardians of clients to be asked to divulge extensive personal information about themselves and their families. The program respects the privacy / confidentiality of the information obtained on clients and volunteers. Information about clients and volunteers is shared only among the agency's professional staff. These individuals are well aware of the strict confidential nature of the information in the records. Individuals outside of the program's employ are not allowed access to the files. The right to confidentiality also applies not only to written records but to video, films, pictures, or the use of client or volunteer's names in program publications as well.

### **Release of Information to Others**

If for some reason, there is a need to share information in your record with someone not employed in the program, for example, another caseworker, an agency, a probation officer, a school, etc., you will first be consulted and asked to sign a form authorizing the release of this information. Because of the sensitive nature of the information contained in some records, you may wish to discuss the release of this material and related implications very carefully before you sign. The form will specify the information which you give the program permission to release and the party to which the information will be released. Releases are time limited. However, you can revoke your permission at anytime by simply giving the program a written notice.

### **Exceptions to Confidentiality**

1. Information will be released to other individuals or organizations only upon presentation of an authorized disclosure of information form appropriately signed by the client or volunteer.
2. Identifying information regarding clients and volunteers may be used in the program's publications or promotional materials if the client or the volunteer has given permission.
3. For the purpose of the program evaluation, audit, and accreditation, certain outside bodies may have access to client and volunteer records. These outside organizations shall be required to respect the program's policy of confidentiality. The outside party shall be required to use information only for the purposes stated.
4. Information without a signed disclosure of information form shall be provided only to law enforcement officials or the court pursuant to a valid and enforceable subpoena.

5. Information shall be provided to the program's legal counsel in the event of litigation or potential litigation involving the program.
6. If the client or volunteer threatens to harm either themselves or someone else, and the program believes that threat to be serious, the program is obligated under the law to take whatever actions seem necessary to protect people from harm. This may include divulging confidential information to others and would only be done under unusual circumstances where someone's life appears to be in danger.
7. If there is reason to believe that a client or volunteer is abusing or neglecting children, the program is obligated by law to report this to the appropriate state agency. The law is designed to protect children from harm and the obligation to report suspected abuse or neglect is clear in this regard.

In summary, every reasonable effort is made to safe guard personal information where the client or volunteer shares with the program. They are however, certain incidences where the program may be obligated under law to release some information to others. If you have any questions about confidentiality, please discuss them with your caseworker.

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Signature

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Date



## PHOTO CONSENT AND RELEASE FORM

I, \_\_\_\_\_, legal parent or guardian of \_\_\_\_\_ (“Minor Child”), irrevocably consent for myself and Minor Child to any and all uses and displays of my or Minor Child’s name, image, likeness, appearance, basic biographical information, audio/video recordings, writings, artwork, and the like, in original form or in modified form, in whole or in part, in, on, or in connection with merchandise, advertising, publicity, marketing, fundraising, and the like, in printed or electronic media, of any type, throughout the world at any time by Big Brothers Big Sisters of America and Big Brothers Big Sisters of Northeastern Pennsylvania in their sole discretion, and by any of their affiliates, successors, partners, sponsors, donors, any entities or persons with whom they conduct any public relations, marketing, or fund raising of any type, and any other authorized third parties, without further consent from me or Minor Child, without any royalty, payment, or other compensation to me or Minor Child, and with the release and waiver of any claims, actions, damages, losses, costs, expenses and liability of any kind arising from any such use (the “Released Material”).

In consideration of the mutual promises made herein, and for other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I hereby grant to BBBSA and its affiliates the right to use the Released Material as BBBSA and/or its affiliates may desire, in all media now existing or hereafter created and in all variations and forms including, but not limited to, internal or external publications or productions, informational or recruitment materials, marketing materials, fundraising materials, televised photography and/or recordings, advertisements, Public Service Announcements, and/or online and social media sites. The use of this information shall be at the sole discretion of BBBSA and/or its affiliates.

I further grant to BBBSA and its affiliates the absolute right to use the Released Material in whole or in part, alone or in conjunction with any other image, name, writings or reproduction, in color or otherwise, for art, advertising, business, trade, or any other lawful purpose whatsoever, in perpetuity throughout the world.

I understand and agree that all materials created by BBBSA and/or its affiliates that use the Released Materials are the property of and are owned by BBBSA, and that I cannot authorize their use by any other party. I further understand that BBBSA may authorize their use by a third party. I hereby irrevocably transfer and assign to BBBSA my entire right, title and interest, if any, in and to the Released Materials and all copyrights in the Released Materials arising in any jurisdiction throughout the world, including the right to register and sue to enforce such copyrights against infringers.

I acknowledge and agree that I have no right to review or approve the Released Materials before they are used by BBBSA and/or its affiliates, and that BBBSA has no liability to me or Minor Child for any editing or alteration of the Released Materials or for any distortion or other effects resulting from BBBSA’s and/or its affiliates’ editing, alteration or use of the Released Materials. BBBSA has no obligation to use the Released Materials or to exercise any rights given by this Consent and Release Form.

I hereby release BBBSA and its affiliates, employees, and agents, as well as any partner companies, from all claims, demands or liabilities and related financial costs that I or Minor Child may now or hereafter have arising in connection with BBBSA’s exercise of the rights hereby granted, and/or with the appearance or the Released Materials in any publication or production. These include, without limitation, claims for compensation, defamation, or invasion of privacy, or other infringements or violations of personal or property rights of any sort whatsoever.

***I have read this Consent and Release Form completely. I fully understand what it means, and I agree to its terms. I have not been offered any additional consideration or enticement, nor have I been coerced to sign this document. I am voluntarily signing it for the purposes and considerations described.***

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN PRINTED NAME: \_\_\_\_\_

PARENT/GUARDIAN TELEPHONE: \_\_\_\_\_

MINOR CHILD’S BIG FULL NAME (If applicable): \_\_\_\_\_



## COPPA PARENTAL CONSENT FORM

Notice to Parents: In compliance with the Children's Online Privacy Act (COPPA), parents (or legal guardians) of children under 13 years of age must consent to collections, uses and disclosures of the personal information of their children by Big Brothers Big Sisters of Northeastern Pennsylvania (BBBS NEPA), BBBS NEPA, and NATIONAL websites, including [www.bbbsnepa.org](http://www.bbbsnepa.org), [bbbs.org](http://bbbs.org), MatchConnect, [bbbsa.force.com](http://bbbsa.force.com), [forms.bbbs.org](http://forms.bbbs.org), and [formstack.io](http://formstack.io). BBBS NEPA may have collected your online contact information from your child, as well as the name of the child or parent, in order to obtain consent.

Your permission is required for the collection, use, or disclosure of your child's personal information. We will not grant your child access to any BBBS website account unless you provide us with permission. BBBS website accounts provide access to BBBS content, materials, and resources relating to BBBS programs and activities, including information pertaining to matches.

### Verifiable Parental Consent

\*Please complete and sign

Child's full name: \_\_\_\_\_

Child's email address (if applicable): \_\_\_\_\_

By signing this form to BBBS NEPA you certify that you consent to the collection, use and/or disclosure of your child's personal information.

Your full name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Your email address: \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

You may revoke your consent at any time to refuse further collection and use of your child's information. If you desire to revoke this consent, please contact BBBS NEPA and ask to speak with your Program Specialist.







**Consent to Share Matching Information**

I consent to the disclosure of a summary of information about me / my child as prepared by Big Brothers Big Sisters of Northeastern Pennsylvania. This information will be released to a potential match mate for me / my child. I understand that I / my child will not be identified by name until after the match has been agreed upon. I give my permission for the matching summary information to be shared with a potential match mate only under the above conditions. This consent expires one year from the date indicated below or at the time a match is formalized, whichever comes first.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Big Brothers Big Sisters of Northeastern Pennsylvania**

**Agreement to Protect the Confidentiality of Match Information**

I understand information discussed with me regarding a potential Big or Little is confidential. I will not discuss this information with any person other than the assigned professional staff of the Big Brothers Big Sisters agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Big Brothers Big Sisters of Northeastern Pennsylvania**  
**190 Welles St.**  
**Suite 168-170**  
**Forty Fort, Pennsylvania 18704-4961**  
**(570) 824-8756**



A CONSENT FORM FOR THE ACQUISITION OF SCHOOL INFORMATION

RE: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

1. I, \_\_\_\_\_, parent/guardian of aforementioned, give my consent to Big Brothers Big Sisters of Northeastern Pennsylvania to acquire information from my client records at:

NAME:

ADDRESS:

2. This information sought will be used to assist in the assessment process and/or the formulation of a treatment plan.

3. The information sought is in respect to services provided during the current school year.

Report Cards  Attendance Records  Progress Reports

4. I understand that I have no obligation to authorize any disclosure / acquisition of information and I understand that I may revoke this consent at anytime by notifying my Program Specialist in writing specifying a date, time, event, or condition upon which my consent will expire. Otherwise, this consent shall automatically expire one year after the dated note below, withdrawal from the program, or upon termination from the program. I have read this information and have had it explained to me and I understand its contents. A copy or fax of this form shall be considered valid.

\_\_\_\_\_  
Client (Youth) signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date

Copy offered:  Accepted  
 Rejected

Big Brothers Big Sisters of Northeastern Pennsylvania  
190 Welles St.  
Suite 168-170  
Forty Fort, Pennsylvania 18704-4961  
(570) 824-8756



A CONSENT FORM FOR THE ACQUISITION OF INFORMATION

RE: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

1. I, \_\_\_\_\_, parent/guardian of aforementioned, give my consent to Big Brothers Big Sisters of Northeastern Pennsylvania to acquire information from my client records at:

**Counselor/Therapist Name:**

**Agency/Organization:**

**Address:**

**Phone/Fax number:**

**Email:**

2. This information sought will be used to assist in the assessment process and/or the formulation of a treatment plan.

3. The information sought is in respect to services provided during \_\_\_\_\_

\_\_\_\_\_ Psychosocial

\_\_\_\_\_ Psychological Testing

\_\_\_\_\_ Medical Services

\_\_\_\_\_ Discharge Summary

\_\_\_\_\_ Psychiatric Evaluation

\_\_\_\_\_ Progress Notes

\_\_\_\_\_ Academic Records

\_\_\_\_\_ Other

3. I understand that I have no obligation to authorize any disclosure / acquisition of information and I understand that I may revoke this consent at any time by notifying my counselor in writing specifying a date, time, event, or condition upon which my consent will expire. Otherwise, this consent shall automatically expire 90 days after the dated note below. I have read this information and have had it explained to me and I understand its contents. A copy or fax of this form shall be considered valid.

\_\_\_\_\_  
Client (Youth) signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date

Copy offered:  Accepted  Rejected