



Languages spoken (parent and child), primary language

**COMMUNITY-BASED YOUTH APPLICATION AND PARENT PERMISSION FORM**

Parent/Guardian \_\_\_\_\_ Relationship to child \_\_\_\_\_

Do you have legal custody of the child?  Yes  No  
Is there a person who shares legal custody of this child?  Yes  No

If yes, are they aware and supportive of the child's enrollment in the BBBS program?  Yes  No

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

Child's First Name:		Middle Name:	Last Name:		
Preferred Name/Nickname :		Child's Gender:	Child Date of Birth:		
What is the child's living situation?					
<input type="checkbox"/> Two-parent household <input type="checkbox"/> One-parent household ( <input type="checkbox"/> Female / <input type="checkbox"/> Male)					
<input type="checkbox"/> Other relative of child (non-parent) <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home					
<input type="checkbox"/> Other _____					
Home Phone #:	Parent Cell Phone #:	Child Cell Phone #:	Is it okay to text parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell Provider:
Home Address:	City:	County:	State:	Zip:	
Parent/Guardian E-mail:			Child E-mail:		
Child's School		Grade:	Student ID Number:		
Child's Race/Ethnicity:					
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other					
<input type="checkbox"/> Asian <input type="checkbox"/> Multi-race (check all that apply)					
<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native					
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian					
<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American					
<input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino					
<input type="checkbox"/> Other <input type="checkbox"/> Native Hawaiian or Pacific Islander					
<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:					
Parent Place of Employment:					
Parent Work Phone #:					
May we contact you (the parent/guardian) at the work number listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No					



1. What is the primary reason for you wanting your child to have a Big Brother or Big Sister?
  
2. Does your child know that you are applying for the program? Does your child want to participate?
  
3. Where did you hear about Big Brothers Big Sisters of Long Island? Please check all that apply and provide details in space given.  
 School \_\_\_\_\_  
 Relative \_\_\_\_\_  
 Faith Organization \_\_\_\_\_  
 Service Organization \_\_\_\_\_  
 Website \_\_\_\_\_  
 TV/Radio \_\_\_\_\_  
 Event \_\_\_\_\_  
 Other \_\_\_\_\_
  
4. Does your child have siblings or relatives who are applying for the BBBSLI program at this time or who are currently in the program?  
 Yes     No    If yes, please provide their name(s): \_\_\_\_\_
  
5. Do you anticipate any significant life changes over the next year or have you had any in the past year?  
 Yes     No    If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
  
6. How many times have you moved in the past 2 years? \_\_\_\_\_
  
7. How long do you plan on staying in this area? \_\_\_\_\_
  
8. Will your child be able to meet with their Big [a minimum of twice a month in the evenings or on the weekend] for the next year?  
 Yes     No
  
9. Does your child have any medical conditions that might affect him or her participating in activities with a Big Brother/Big Sister?  
 Yes     No    If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
  
10. Number of people (adults and children) in household: \_\_\_\_\_
  
11. Is the parent/guardian receiving income assistance at this time?     Yes     No
  
12. Is parent/guardian receiving assistance with housing (e.g. Section 8, residence in public-housing, etc.)?     Yes     No  
If living in a housing development, please list the name: \_\_\_\_\_



13. Is child eligible for free or reduced lunch?  Yes - Free  Yes - Reduced  No
14. Household Annual Income: (total income of the adults the child lives with)  
 0-\$10,000  \$10,001-\$15,000  \$15,001-\$20,000  \$20,001-\$30,000  \$30,001-\$50,000  \$50,001+
15. Does your child have a parent/caregiver 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?  
If yes, please the date of deployment:  
Is the parent retired from the military?  Yes  No  
Is the parent separated/discharged (other than retired)?  Yes  No  
Does your child have a parent/caregiver that is considered fallen, wounded or disabled?  Yes  No
16. Does your child have a parent/guardian who is currently incarcerated?  Yes  No  
If yes, please explain:
17. Has your child ever been arrested or involved in the juvenile justice system?  
 Yes Please explain:  
 No
18. Within the last year, has your child been in any trouble at school?  
 Poor Grades  
 Skipping school/classes  
 Truant (unauthorized absences from school)  
 Behavior problems (Describe: \_\_\_\_\_)  
 Has been suspended (Reason for suspension: \_\_\_\_\_)  
 Has been expelled (Reason for expulsion: \_\_\_\_\_)  
 Sent to an alternative school (Reason for school change: \_\_\_\_\_)
19. Has there been any CPS involvement in the past 18 months?  Yes  No
20. Has your child ever been physically aggressive towards children or other adults?  No Yes , explain  
\_\_\_\_\_
21. Has your child ever acted out sexually around children or other adults?  Yes  No
22. Is your child currently involved in any gang activity?  Yes  No
23. Has your child ever had suicidal thoughts or exhibited self-harming behavior?  Yes  No
24. In the past 18 months, has your child participated in any other risky behaviors not mentioned above? (For example, fire setting, stealing, compulsive lying, etc.)  Yes  No



*Having a Big can be a rewarding experience for a child, if certain conditions are met. During the match, we ask that you and/or your child:*

- Meet with Big Brother or Sister consistently (at least twice a month).
- Commit to be in the program for at least 12 months. Studies show that the program can have a negative impact on a child if a match ends prematurely.
- Be prepared, punctual, and present when a Big is expected to pick up or drop off your child.
- Maintain consistent contact with Big Brothers Big Sisters staff, minimally once a month.

**Please check all boxes if you feel you will be able to meet these expectations.**

By signing below, I give permission:

1. For my child to participate in the Big Brothers Big Sisters of Long Island Mentoring Program;
2. For the volunteer matched with my child, who has been screened and approved by Big Brothers Big Sisters of Long Island, to transport my child to events and match activities;
3. For the school to provide social and academic information about my child to Big Brothers Big Sisters of Long Island (e.g. report cards, behavior reports);
4. To have my child participate in an enrollment interview conducted by Big Brothers Big Sisters of Long Island staff and complete questionnaires throughout his/her time in the program containing questions about school, home life, and personal interests;
5. To have my child talk with a Big Brothers Big Sisters of Long Island staff person about personal safety;
6. For BBBSLI 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 and with exceptions noted. I understand that incidents of child abuse or neglect, past or present, must 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 do hereby release the organization and its employees, agents, members, volunteers and all other persons on its behalf from any and all liability for any damage or injury which such child might sustain while participating in said program and activities, including but not limited to any liability to any right of action that may occur to such child directly, or to me as his/her guardian. I understand that this information may be shared with the school or with partnership agencies when applicable.

If my child is matched with a Big Brother or Big Sister I agree to support my child's match by reviewing the program and safety information given to me by Big Brothers Big Sisters of Long Island; communicating with Big Brothers Big Sisters of Long Island 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 of Long Island staff.

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



## CONSENT FOR PROMOTIONAL MATERIALS

I consent to the use of my name (volunteer)/my child's name (parent), image (including photographs, sketches, movie film, video), sound recording, biographical information, quotations and/or writings by Big Brothers Big Sisters of Long Island, Inc. to promote the Agency and its purposes. This shall include all media and in all forms, including but not limited to, publications, any televised photography and recordings, online and Social Media sites.

I grant non-exclusive license to Big Brothers Big Sisters of Long Island, Inc and its affiliates for the foregoing, and I release the Agency, and its Board members, employees, and agents from any obligation or liability otherwise owed to me in connection with such use.

I may terminate this consent by written notice to Big Brothers Big Sisters of Long Island, Inc. I consent, however, to continued use at the discretion of the Agency or its affiliates, of any promotional material in preparation or use at the time of termination.

\_\_\_\_\_  
Name of child or volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian of child or volunteer under 18 **or** volunteer over 18

Clients and volunteers (or their parents/guardians) are asked to permit the Agency to use their names and images for promotional purposes by signing this form. **IT IS NOT A REQUIREMENT FOR ENTRY OR CONTINUATION IN THE PROGRAM. IF YOU OR YOUR CHILD DOES NOT BECOME PART OF BIG BROTHERS BIG SISTERS OF LONG ISLAND'S PROGRAM, THIS CONSENT FOR USE OF PROMOTIONAL MATERIALS WILL BE NULL AND VOID.**



**SUMMARY OF CONFIDENTIALITY POLICY**

In order to provide a responsible and professional service, it is necessary for volunteers, clients, and parents or guardians of clients to be asked to divulge extensive personal information about themselves and their families. We acknowledge the rights of such persons to privacy and respect the confidentiality of client and volunteer records and, other than of the normal uses of such records and the exceptions explained below, permit access to such information only to agency staff in the performance of their duties.

The following is a brief summary of the policy we have adopted with respect to confidentiality. A complete copy of the policy is available for your inspection during our normal business hours. In this summary, the term “you” or “your” refers to the client or volunteer (or his/her parent or guardian); and “we, “us” or “agency” refers to the Big Brothers Big Sisters of Long Island.

- (1) We will treat as confidential (and safeguard) any material that identifies a client, volunteer, parent or guardian by name or in any other way that makes identification possible. We will only use confidential information as it pertains to our program and will only release it to persons outside this agency if you authorize us to do so or if we are required by contract or law. We may also release information if we believe it is necessary to protect the well-being of any child.
- (2) Information you gave us or which we may gather, together with our evaluations and observations, is the property of Big Brothers Big Sisters of Long Island. You are not entitled to see our files nor to receive copies of the information in them.
- (3) We may use your picture or name only if you give us permission to do so on another form. We ask such permission of all clients and volunteers.
- (4) If we make any major change in our confidentiality policy, we will make you aware of it and may ask you to sign a statement consenting to the change, as it may apply to you, as a condition of continuing in the program.



I have received and read a summary of the confidentiality policy of Big Brothers Big Sisters of Long Island and agree to participation in the program under the conditions set forth in your policy.

\_\_\_\_\_  
Name of child or volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of child’s or volunteer’s parent/guardian of, **or** volunteer over 18



Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**School Contact Information**

Name of school: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_

Teacher: \_\_\_\_\_

Social Worker/Guidance Counselor: \_\_\_\_\_

**Counselor/Therapist Contact Information**

Name: \_\_\_\_\_

Name of agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_

I hereby give permission to Big Brothers Big Sisters of Long Island, Inc. to obtain any pertinent information it deems necessary about my child (named above) from any of the above parties, for eligibility and participation in their program.

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

\_\_\_\_\_  
Date

This release expires when your child is no longer a participant in the Big Brothers Big Sisters of Long Island program.



# DIRECTIONS

## **Nassau County (Westbury Office)**

25 Carle Road, Westbury, NY 11590  
Phone: 516-731-7880 Fax 516-731-0486

### **From the East**

Merge onto Northern State Pkwy and take exit 32 for Post Ave toward Old Westbury/Westbury. Turn left onto Post Ave (signs for Westbury). Turn right onto Old Country Road. Turn right onto Carle Road (you will see Burger King and Shiro's Japanese Restaurant and on either corner of Carle Road). Our building is the building just behind Shiro's after you turn onto Carle Road.

**Bus Route:** Take N24 (Jamaica 165<sup>th</sup> Terminal) from Hicksville LIRR to Old Country Road+ Carle Road. You will see Burger King and Shiro's Japanese Restaurant and on either corner of Carle Road). Our building is the building just behind Shiro's after you turn onto Carle Road.

### **From the West**

Merge onto the Northern State Pkwy, use the right lane to take exit 31A for Meadowbrook State Pkwy toward Jones Beach. Continue onto Meadowbrook State Pkwy South. Take exit M1E for Old Country Rd East toward Westbury. Merge onto Old Country Road. Turn left onto Carle Road (you will see Shiro's Japanese Restaurant and Burger King on either corner of Carle Road). Our building is the building just behind Shiro's after you turn onto Carle Road.

**Bus Route:** Take N24 (Hicksville) to Old Country Road + Westbury Place. Carle Road is directly across from the Walmart Shopping Center on Old Country Road (you will see Shiro's Japanese Restaurant and Burger King on either corner of Carle Road). Our building is the building just behind Shiro's after you enter onto Carle Road.

## **Suffolk County (Islandia Office and Donation Center)**

145 Sycamore Avenue, Islandia, NY 11749  
Phone 631-273-1469 Fax 631-273-3498

### **From the East**

Long Island Expressway to Exit 57. Merge onto North Service Road. Make a left at the first light onto rte 454. Make a right at the third light (Sycamore Avenue). Building is the second on the left.

### **From the West**

Long Island Expressway to Exit 57. Merge onto South Service Road. Proceed to the second traffic light and turn right onto rte. 454. Make a right at the second traffic light (Sycamore Avenue). Building is the second on the left.





# ENVIRONMENTAL SAFETY ASSESSMENT

CLIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PROGRAM: COMMUNITY BASED \_\_\_\_\_

SITE BASED \_\_\_\_\_

<u>PET TYPE</u>	<u>HOW MANY</u>	<u>SECURED</u>		<u>COMMENTS</u>
DOGS	_____	Y	N	_____
CATS	_____	Y	N	_____
OTHER	_____	Y	N	_____

Number of people living in the home? \_\_\_\_\_

Do you have a working smoke detector in your home? Y OR N

Do you have a working Carbon Monoxide Alarm? Y or N

Does anyone in the home have a history of :

<u>CONDITION</u>	<u>WHO (LIST MULTIPLE PEOPLE IF INDICATED)</u>	<u>COMMENTS</u>
DRUG/ALCOHOL ABUSE	_____	_____
ORDER OF PROTECTION	_____	_____
RESTRAINING ORDER	_____	_____
VIOLENT/AGGRESSIVE BEHAVIOR	_____	_____
CONVICTION OF A CRIME	_____	_____
GANG INVOLVEMENT	_____	_____
FIRE SETTING BEHAVIOR	_____	_____

Is there gang involvement in the neighborhood? Y OR N

Are all of the people living in the home in agreement that the child enrolls in Big Brothers Big Sister of Long Island for mentoring services (including the child)? Y or N

If no, explain:

Are there any weapons on the premises for sport or protection? Y OR N

<u>WEAPON TYPE</u>	<u>WHO</u>	<u>LOCKED</u>	<u>COMMENTS</u>
HANDGUN	_____	Y N	_____
RIFLE/SHOTGUN	_____	Y N	_____
KNIFE	_____	Y N	_____
OTHER (SPECIFY)	_____	Y N	_____

