



Pen Pal Volunteer Pre-Enrollment/Application Form ADULT

Name		M	F	DOB		Age	
Address							
	City	State		Zip			
Phone	(H) (W) (Cell): E-mail:	Can you receive calls at work? Y N Best Number to call: Best time to call:					
Occupation			Employer				

Marital Status

Household Members

Single	<table border="1"> <thead> <tr> <th>Name</th> <th>Age</th> <th>Relationship to You</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Age	Relationship to You												
Name		Age	Relationship to You													
Married																
Re-married																
Divorced																
Widowed																

Have you ever applied to (or have been) a Big Brother/ Big Sister? Y N
Location: When?

Please list any experience you've had working with children:

Have you ever been arrested or convicted of a crime? Y N Explain:

What are your hobbies and interests?

Race/Ethnicity: **Caucasian** **African American** **Hispanic** **Asian**
Native American **Other:** _____

T-shirt Size: _____

Applicant Signature/Date: _____

Policy/Management of Confidential Information

Purpose: The Board of Trustees of Big Brothers Big Sisters of East Central Ohio has determined that in order for children, parent/guardians and volunteers to be open and honest in their relationships with the agency and in order for the agency to protect the confidentiality of extensive personal information about these persons and their families, it is necessary to adopt this policy governing the management of confidential information. The agency respects the confidentiality of child and volunteer records and shares information only among agency professional staff and as otherwise described in this policy.

Information and Documents Considered Confidential: Confidential information includes all private and personal information used to accept or reject clients, to accept or reject volunteers, and to supervise matches, such as school records, medical records and information received from interviews and phone contacts. Confidentiality also applies to video, filming, pictures and use of a client's or volunteer's name or photograph in agency publications, unless specifically waived.

Access to Confidential Information. No one internally or externally will be given access to view confidential agency records without the express consent of the Board of Trustees of Big Brothers Big Sisters of East Central Ohio, except that Big Brothers Big Sisters of America representatives are given access for purposes of program evaluation and the following persons are permitted access to child and volunteer records in order to fulfill their job functions for the agency: Anyone given access to files, must first review and sign the agency confidentiality policy.

President & Chief Executive Officer
Quality Assurance Officer

- Program Staff
- Program Assistants (under professional supervision only)
- Human Resources Director
- Support Staff as designated by the CEO or the VP of Programs
- Volunteers (under professional supervision only)
- Student Interns/Work Study (under professional supervision only)

Exceptions to limited access are as follows:

Information may be provided to law enforcement officials or the courts pursuant to a valid subpoena without the individual's or agency's consent.

Information may be provided to the agency's legal counsel in connection with potential litigation involving the agency.

Agency personnel must report suspected child abuse to appropriate authorities as required by state law.

Agency personnel who receive information indicating a client or volunteer may be dangerous to himself/herself or others must take necessary steps to protect the appropriate party(ies), including a medical referral or report to

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local law enforcement authorities.

Information may be provided and file reviews may be conducted by agency auditors, funding agencies or other entities as approved by the CEO and only under professional supervision.

The Board of Trustees may grant access to child or volunteer files only upon authorization by formal motion approved by the board. The motion must state who is authorized to review records, the specific purpose for the review and the limited period of time during which access shall be granted.

Release of Confidential Information: All client and volunteer files are property of the agency, not of clients, parents/guardians, volunteers or agency personnel. Volunteers, rejected applicants, clients, parent(s), etc. are not given direct access to confidential information in their files in order to maintain the integrity of the agency's reference sources, program staff and collateral contacts.

Identifying information will not be made public, except names and photographs of clients and volunteers may be used in agency publications unless the client or volunteer withholds permission to use that information. Information in source documents, clients' files and volunteers' files is shared with individuals or outside organizations only under the following conditions:

A **release form** signed by a volunteer or client's parent(s)/guardian(s) requesting release of certain information in that person's file is presented to the program staff member, authorizing the agency to release specific information. The signature on the form must be original and genuine. All requests for release of information must be approved by the Vice President of Programs or his/her designee. Records are not duplicated; volunteer or client files are not reproduced and sent. Information that is specifically requested is summarized in writing and forwarded to the requesting person. A copy of the release and the written summary is placed in the appropriate file.

Requests for Confidential Information from Other Sources: When a program staff member wishes to obtain information from another organization or individual in order to perform intake, matching or supervision of a match, he/she will use the standard release of information form that has been signed by the client's parent(s)/guardian(s) or volunteer. A copy of the signed release shall be filed in the client's or volunteer's file with a copy of the letter requesting the information.

Applicant Signature _____ Date _____

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.

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