***Languages spoken (parent and child), primary language:***

1350 15th Avenue

Columbus, GA 31901

(706) 327-3238

 COMMUNITY-BASED Parent/Guardian & Child Application

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_

Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Marital Status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: | Age: |
| What is the child’s living situation?[ ]  Two-parent household [ ]  One-parent household ([ ]  Female / [ ]  Male)[ ]  Other relative of child (non-parent) [ ]  Foster Home [ ]  Group Home[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home Phone #: | Parent Cell Phone #:  | Child Cell Phone #: | Is it okay to text parent? [ ] Yes [ ] No Cell Provider:Is it okay to text child? [ ] Yes [ ] NoCell Provider: |
| Home Address: | Apt # | City: | County: | State: | Zip: |
| Parent/Guardian E-mail: | Child E-mail: |
| Child’s School:  | Teacher: | Grade: | Student ID Number: |
| Child’s Race/Ethnicity:[ ]  American Indian or Alaska Native[ ]  Asian[ ]  Black or African American[ ]  Hispanic or Latino[ ]  Native Hawaiian or Pacific Islander[ ]  White | [ ]  Other[ ]  Multi-race (check all that apply)*[ ]  American Indian or Alaska Native**[ ]  Asian**[ ]  Black or African American**[ ]  Hispanic or Latino**[ ]  Native Hawaiian or Pacific Islander**[ ]  White**[ ]  Other*  |
| Nationality/Country of Origin: |
| Family’s Religious Preference: |
| Parent Place of Employment: Job Title:Parent Work Phone #:Employer Address: May we contact you (the parent/guardian) at the work number listed above? [ ] Yes [ ] No |
| Please check the best number and time to contact you (the parent/guardian)?[ ]  Home [ ]  Cell [ ] Work[ ]  Morning [ ]  Afternoon [ ]  Evening | If we are unable to reach you, who is someone we could call who always knows how to reach you?Name:Phone Number:  |
| **Information about absent parent:**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_Race:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Where is he/she currently living:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Does the absent parent have legal visiting rights? [ ] Yes [ ] NoDoes he/she have contact with the child? [ ] Yes [ ] No If yes, how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_When did the child last see the absent parent?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Volunteer Characteristics:**Please check next to any of the following if you have any preferences regarding the volunteer who may be matched with your chils as a Big Brother or Big Sister:*If you checked any of the characteristics, please explain what those preferences are:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_ Race/ethnicity of the volunteer\_\_\_\_ Religion/faith of the volunteer\_\_\_\_ Sexual orientation of the volunteer\_\_\_\_ Marital status of the volunteer\_\_\_\_ Any other preferences in the characteristics of the volunteer*NOTE: BBBSCV does not discriminate on the basis of the above factors and volunteers with various characteristics may be accepted, but you may have a preference about the volunteer who may be matched with your child and we will follow your preferences to the best of our knowledge.* |

1. What is the primary reason for you wanting your child to have a Big Brother or Big Sister?
2. Is your child in any other mentoring program at school or in the community? [ ] Yes [ ] No

If yes. With which organization(s)?

1. Does your child know that you are applying for the program? Does your child want to participate?
2. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Website \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  TV/Radio \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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 [ ]  No If yes, please provide their name(s)

1. Do you anticipate any significant life changes over the next year or have you had any in the past year, such as moving?

 [ ]  Yes [ ]  No If yes, please explain:

1. Will your child be able to meet with their Big ***minimum twice a month*** for the next year?

 [ ]  Yes [ ]  No

1. 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:

1. Number of people (adults and children) in household:

|  |
| --- |
| List all members of your household: (include siblings and others living with you ad your child) |
| Name | Relationship to Child | Age | Occupation/School |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

1. Is the parent/guardian receiving income assistance at this time? [ ]  Yes [ ]  No
2. 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:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is child eligible for free or reduced lunch? [ ] Yes - Free [ ] Yes - Reduced [ ] No
2. Household Annual Income: (total income of the adults the child lives with)

 [ ]  Below $5,000 [ ]  $5,001-$7,499 [ ]  $7,500-$9,999

 [ ]  $10,000-$14,999 [ ]  $15,000-$19,999 [ ]  $20,000-$29,999

 [ ]  $30,000-$39,999 [ ]  $30,000-$39,999 [ ]  $40,000-$49,999

 [ ]  $50,000+

1. 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

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

 If yes, please explain:

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

[ ] Yes. Please explain:

[ ] No

1. Within the last year, has your child been in any trouble at school?

[ ]  Poor Grades

[ ]  Skipping school/classes

[ ]  Truant

[ ]  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 of the Chattahoochee Valley Program;
2. For the volunteer matched with my child, who has been screened and approved by BBBSCV, to transport my child to events and match activities;
3. For the school to provide social and academic information about my child to BBBSCV (e.g. report cards, behavior reports);
4. To have my child participate in an in-take interview conducted by BBBSCV 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 BBBSCV staff person about personal safety;
6. For BBBSCV 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 hereby consent that in the event that my child requires immediate medical attention in my absence, any member of BBBSCV may give authorization for treatment as deemed necessary by a licensed physician for emergency situations. 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 BBBSCV, communicating with BBBSCV 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 BBBSCV staff.

I have read, understand, and agree to the above criteria for my child’s eligibility and participation in the BBBSCV Program. I also certify that I have received a copy of my rights as a client.

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

**Client Needs/Target Assets Assessment**

 Not a Problem Needs a little improvement Needs a lot of improvement

|  |  |  |  |
| --- | --- | --- | --- |
| Self-Confidence |  |  |  |
| Able to express feelings |  |  |  |
| Can make decisions |  |  |  |
| Has interests or hobbies |  |  |  |
| Personal hygiene, appearance |  |  |  |
| Sense of the future |  |  |  |
| Attitude towards school |  |  |  |
| School preparedness (homework) |  |  |  |
| Class participation |  |  |  |
| Classroom behavior |  |  |  |
| Uses school resources |  |  |  |
| Uses community resources |  |  |  |
| School performance |  |  |  |
| Able to avoid delinquency |  |  |  |
| Able to avoid substance abuse |  |  |  |
| Able to avoid early parenting |  |  |  |
| Shows trust toward you |  |  |  |
| Respects other cultures |  |  |  |
| Relationship with family |  |  |  |
| Relationship with peers |  |  |  |
| Relationship with other adults |  |  |  |

Digital Technology and Social Networking Policy & Guidelines

**Rationale:** Big Brothers Big Sisters of the Chattahoochee Valley recognizes that online social networking (Facebook, MySpace, Twitter, Linkedin, Blogs, Instagram, Vevo, YouTube, et.) has become a very popular communications tool and that many of our Big Brothers/Sisters and Little Brother/Sisters use these websites. In general, personal use of social networking sites is typically for communications between peers, including friends and family, BBBS wants to reiterate that your relationship with your Little is that of a mentor in addition to a friend. Not all social networking sites are designed to support mentoring relationships.

Please proceed thoughtfully when inviting or accepting an invitation from your Little’s Big to a social networking site. If you have any doubts, please contact your Match Support Specialist and/or postpone your invitation or acceptance. If you do choose to participate in a social networking site with your Little’s Big, you must adhere to the following guidelines regarding any postings related to you match or affiliation with BBBS:

* Never post any pictures of your Little’s Big online unless you have the written consent of the Big. A copy of the written consent must be given to your Match Support Specialist.
* Never post the last name of your Little’s Big, or BBBS of the Chattahoochee Valley staff.
* Never post any contact information for you Little’s Big.
* Never post any identifying information about your Little’s Big (i.e.: home address, where they work, etc.)
* Never post anything that could be perceived as judgmental or offensive to your Little’s Big.
* Make sure that your page settings are set to private, so that only people you approve can view your online content. Ensure that BBBS of the Chattahoochee Valley and the Big are approved if you plan to post content related to your match.
* Honor confidentiality guidelines within your match; be cautious when posting detailed information about conversations with your Little, their Big or with BBBS staff. Posting generalized information or status updates is typically appropriate, but lengthier postings or blogs containing in-depth information should be approved by the Big and by BBBS of the Chattahoochee Valley prior to posting.
* Be aware of other postings on your page that are not BBBS of the Chattahoochee Valley related or are inappropriate. Please ensure that all contents are appropriate. If the social networking site allows; create a separate group for your Little, their Big and BBBS staff that limits access to your general or universal postings.
* When in doubt about whether or not something is appropriate to post, consult with you Match Support staff person prior to posting.

\*\*Failure to adhere to these guidelines may result in the termination of your match.

I have read, understand, and agree to the above criteria for Digital Technology and Social Networking Policy & Guidelines. I also certify that I have received a copy of the Digital Technology and Social Networking Policy & Guidelines.

 **PARENT/GUARDIAN PRINT NAME PARENT/ GUARDIAN SIGNATURE DATE**

PARENT CONFIDENTIALITY AGREEMENT

I understand that as part of the client screening process that it will be necessary for Big Brothers Big Sisters to perform a home assessment, interviews with me and my child, and gather information from outside sources for the purpose of determining eligibility. I understand that this information is confidential and for agency use only, therefore, the agency is not under any obligation to give reason(s) for not accepting my child as a client. The right to confidentiality applies not only to written records, but also to video, film, pictures or use of client or volunteer’s name in agency publications.

All records are considered the property of the Agency and not the property of the staff, clients, parents or volunteers themselves. Records are available for review by the clients or volunteers but not subject to removal from these facilities without proper legal consent.

Listed below are limits of confidentiality under which information will be released:

1. Information will be released to other individuals / organizations only upon presentation of an authorized “Consent to Release Information” form signed by the parent/volunteer.
2. Identifying information regarding clients and volunteers may be used in agency publications or promotional materials if the parent or volunteer has given written permission.
3. For purposes of program/ case review, evaluation, audit, or accreditation, Big Brothers Big Sisters of America, the Board Directors and funding sources shall have access to client and volunteer records. These entities will be required to respect the agency policy on confidentiality.
4. A violation of the agency’s confidentiality policy by a Board Member or staff member shall constitute adequate cause for removal from office/job.
5. Information shall be provided to law enforcement officials or the courts only pursuant to a valid and enforceable subpoena or in a situation which threatens the welfare of the child.
6. Information shall be provided to the agency’s legal counsel in the event of litigation or potential litigation involving the agency. Such information is considered privileged information, and its confidentiality is protected by law.
7. State law mandates that suspected child abuse be reported to the state abuse registry. All workers and volunteers are responsible for staying abreast of such reporting requirements of their respective jurisdiction and shall always comply with Mandated Reporting procedures. If an agency worker receives information indicating that a client or volunteer may be dangerous to himself/herself or to others, necessary steps may be taken to protect the appropriate party. This may include, not limited to, a medical referral, a report to the local law enforcement authorities, etc.
8. At the time a child or volunteer is considered a match candidate, information is shared between prospective match parties. I give my permission for agency staff to share the following information about my child with a prospective volunteer: age, sex, race, health, religion, interests, sexual orientation, living situation needs and expectations for the match, life threatening illnesses, and school or family information that would affect the match relationship.
9. All confidential files will be kept in a locked location when not in use.

I agree to keep all information regarding a potential Big Brother or Big Sister match confidential. I will not discuss this information with any other person other than the assigned professional staff. 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. The Agency maintains the right to consider null and void any decisions, including those specifically related to the match, based on information received at any time throughout the duration of the match.

 **PARENT/GUARDIAN PRINT NAME PARENT/GUARDIAN SIGNATURE DATE**

**PHOTO CONSENT AND RELEASE FORM**

**Parent/Guardian & Minor Child**

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 [**BBBSA affiliate**] 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 ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT/GUARDIAN STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

MINOR CHILD’s BIG/LITTLE BROTHER/SISTER FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COPPA PARENTAL CONSENT FORM**

Notice to Parents In compliance with the Children’s Online Privacy Protection 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 collected by BBBSCV on BBBSCV and NATIONAL websites, including [AGENCY WEBSITE], bbbs.org, MatchConnect, bbbsa.force.com, forms.bbbs.org and formstack.io. [Agency] COPPA statement is incorporated in the website Privacy Policy here: [AGENCY URL FOR POLICY] BBBSCV may have collected your online contact information from your child, as well as the name of the child or the parent, in order to obtain your 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 ETC.]

Verifiable Parental Consent

Please print this form, complete it, sign it, scan and email the signed form to egriffin@bbbschattvalley.org ], or mail it to us at Big Brotheres Big Sisters of the Chattahoochee Valley 1350 15th Avenue Columbus, Georgia 31901.

Child’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s date of birth (Month/Date/Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing and returning this form to BBBSCV, you certify that you consent to the collection, use and/or disclosure of your child’s personal information as described in BBBSCV privacy policy.

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

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

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

Your full mailing 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 write down your revocation of consent and scan and email the signed form egriffin@bbbschattvalley.org , or mail it to us at 1350 15th Avenue Columbus, Georgia 31901

**YOUR RIGHTS AS A CLIENT OF THIS AGENCY**

# **Agency: The Family Center**

# **Program: Big Brothers Big Sisters of the Chattahoochee Valley**

As a client of The Family Center, you and your child have certain rights governing the services you receive through Big Brothers Big Sisters of the Chattahoochee Valley. If you have questions at any time about your rights as a client (for you or your child), please discuss them with your Match Support Specialist, the BBBS Director, and/or the agency’s Chief Executive Officer.

**Client’s Rights:**

1. You have the right to expect prompt, courteous, and professional service.
2. You have the right to be served without discrimination as to sex, race, creed, color, religious preference, national origin, cultural influences, or lifestyle choices.
3. You have the right to assist in developing your child’s or “little’s” goals, etc. which should be tailored to meet their specific needs or the needs of the match.
4. You have the right to privacy and confidentiality. No information concerning you, your family, or your treatment may be released to anyone without your consent in writing. The legal exceptions to confidentiality are as follows:
	1. cases of child abuse or neglect
	2. cases involving risk of suicide or serious threat to another
	3. court ordered subpoena
	4. cases that are court ordered or required to meet legal mandates
5. You have the right to make a complaint to the Director and utilize the agency’s grievance procedures if you are not satisfied with the services provided. You will be given information on the grievance procedure.
6. You have the right to be told if the agency cannot provide the services you need or request, and to be informed of other referral sources or services in the community. The agency however, is not responsible for disclosing information for non-acceptance into the BBBS program.
7. You have the right to refuse a match or request a change in your match at any time. You also have the right to close your match at any time.
8. You have the right to request assistance in meeting any special needs that you have in order to prevent those needs from creating barriers to service (i.e.: help with reading or completing paperwork, accessibility to offices, etc.).

 **PARENT/GUARDIAN PRINT NAME PARENT/GUARDIAN SIGNATURE DATE**



PLEASE RETAIN FOR YOUR RECORDS

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