

FACTS ABOUT BIG BROTHERS BIG SISTERS OF COASTAL & NORTHERN NEW JERSEY

OUR MISSION

Create and support one-to-one mentoring relationships that ignite the power and promise of youth.

THE COMMITMENT FOR COMMUNITY-BASED MENTORING

In order to develop and maintain a meaningful relationship, a Big Brother, Big Sister or married Couple is expected to see their "little" on a consistent basis, either weekly or bi-weekly, for a minimum of one year. Although only a few hours per week/bi-weekly is required, the commitment is a serious one. Little Brothers or Sisters are often insecure and may feel a sense of loss if continuity is not maintained. Many find it hard to handle the disappointment of yet another person leaving their universe. Therefore, a volunteer Mentor should not go into the program without the understanding that a minimum of one year of his or her time is essential.

THE COMMITMENT FOR SCHOOL-BASED MENTORING

School-based Big Brothers and Sisters make a commitment to meet with their Little Brothers and Sisters once a week or every other week, depending on the program, for an entire school year.

THE PROCESS

Big Brothers Big Sisters of Coastal & Northern New Jersey provides professional staff service for the recruitment, screening, training, and supervision of the Big/Little matches.

VOLUNTEER SCREENING PROCESS

Each adult volunteer applicant is carefully evaluated for acceptance as a volunteer Big Brother or Big Sister. The evaluation process consists of completing an application form, obtaining four references, a DMV check, a criminal background check, NJ Sex Offender check, fingerprinting, an interview, and attendance at ongoing training & development sessions.

MATCHING PROCESS

This is the process in which one child is assigned to one adult or couple. Prior to a child being matched, a case manager interviews the child and parent to gather additional information that may be pertinent. Issues considered in making a match are age, interests, location, personalities and the volunteer's experience with children and the seriousness of the child's issues. The volunteer(s) assigned to a child should be able to develop trust, and provide friendship, motivation, guidance and a positive role model for the child.

SUPERVISION & SUPPORT

Each match is assigned a professional case manager who will keep monthly contact with the parent, child and volunteer. The case manager is there to support the match relationship and to provide a healthy and encouraging atmosphere for all involved.

THE PROCESS (continued)

ONGOING TRAINING SESSIONS

Special training sessions in areas of interest to Big Brothers and Big Sisters (e.g. child development, school problems, family problems that impact a child, communication, etc.) are planned and scheduled at convenient times, as needed. This also gives volunteers the opportunity to discuss match issues with each other, facilitated by professional staff.

ONGOING ACTIVITY PROGRAMS

The agency provides ongoing recreational, community service and educational opportunities for Bigs and Littles throughout the year.

These activities may include Back to School Events, bowling, holiday parties, career-focused workshops, pool parties, and complimentary tickets to entertainment or sporting events. Our Bigs and Littles also participate in Community Service activities when they become available.

SUPPORT TO CHILDREN & FAMILIES

BBBS staff and friends from the community make it possible to provide, on a limited basis, scholarships to camp, food & clothing, recycled bicycles & computers, tickets to events, college scholarships and information and referral services for special needs and interests.

VOLUNTEER APPLICATION

I. PERSONAL:

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____ Race/Ethnicity: _____

If proficient in another language, please list: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Other Phone: _____ Email: _____

Marital Status:

Select: Single Married Divorced Widowed Separated Other Years Married: _____

Spouse's Name: _____

Children (Names, Gender and Ages):

Have you discussed your plans to become a Big Brother Big Sister with your spouse/family? Select: Yes No

Is he/she/they in accord? Select: Yes No

How did you hear about us?

II. EDUCATION:

Highest Level of Education: _____ College(s) Attended: _____

Do you plan on returning to school? Select: Yes No If yes, when? _____

III. EMPLOYMENT:

Current Employer: _____ Work Phone: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Position/Title: _____ Work Hours: _____

How long employed? _____ Can we contact you at work? Select: Yes No

IV. EMPLOYMENT HISTORY:

Please List Your Last 2 Jobs:

1) Employer: _____ Position: _____

Dates Employed: From: _____ To: _____

Reason for leaving:

2) Employer: _____ Position: _____

Dates Employed: From: _____ To: _____

Reason for leaving:

What, if any, other youth organizations have you worked for or been involved with as a volunteer?

Have you ever applied before (or have been) to be a Big Brother or Big Sister? Select: Yes No

If yes, when & where?

Have you ever been involved before with Big Brothers Big Sisters in a capacity other than a Big? Select: Yes No

If yes, when & where?

Which program(s) are you interested in applying for? Select: One to One Couples

V. REFERENCES:

Please provide contact information for the below required references who can vouch for your reputation, character, and morals.

1) **PERSONAL REFERENCE – Family Member** (that has known you for at least 3 years, has seen your home, and has observed you around children):

Name: _____ Relationship: _____ Years Known: _____

Phone: _____ Email: _____

2) **PERSONAL REFERENCE – Friend/Neighbor/Co-Worker** (that has known you for at least 3 years, has seen your home, and has observed you around children):

Name: _____ Relationship: _____ Years Known: _____

Phone: _____ Email: _____

3) **SIGNIFICANT OTHER REFERENCE IF APPLICABLE – Spouse or Partner** (of at least 1 year and/or that you live with):

Name: _____ Relationship: _____ Years Known: _____

Phone: _____ Email: _____

4) **PROFESSIONAL REFERENCE – Past or Present Employer, Supervisor, Colleague, or Teacher/Professor:**

Name: _____ Relationship: _____ Years Known: _____

Phone: _____ Email: _____

Please note additional references may be collected throughout the enrollment process if applicant has worked/volunteered with children or is currently seeing a licensed therapist/counselor.

PLEASE MAKE SURE THAT YOU HAVE PROVIDED ALL THE NECESSARY INFORMATION. INCOMPLETE APPLICATIONS WILL RESULT IN PROCESSING DELAYS.

VI. AUTO INSURANCE FORM/DRIVER'S LICENSE:

All employees and volunteers must carry auto insurance in the amount required by the State of New Jersey. This is so we can provide excess auto liability protection while involved in the Big Brothers Big Sisters of Coastal & Northern New Jersey Agency.

In addition to completing this form, a copy of your driver's license and insurance card **MUST** be placed in your file. Please attach a scanned copy or photo of both your driver's license and insurance card when returning your application. **ONLY** with these documents will our insurer provide coverage. Each year a new copy must be given to the BBBS office for your files to keep information updated.

Name of Applicant: _____

Driver's License #: _____
(will be used to obtain an abstract of your driver history record.)

State of Issue: _____ **Expiration Date:** _____

Insurance Agency: _____

Agent Name & Phone #: _____

Insurance Company & Policy Number:

Limits/Bodily Injury/Property Damage or Combined Single Unit:

By signing below, I agree to notify Big Brothers Big Sisters of Coastal & Northern New Jersey of any changes in my auto insurance coverage and driving record.

Applicant's Signature

Date

**PLEASE MAKE SURE THAT YOU HAVE PROVIDED ALL THE NECESSARY INFORMATION. ☐
INCOMPLETE APPLICATIONS WILL RESULT IN PROCESSING DELAYS**

VII. BACKGROUND CLEARANCE

Last Name: _____ Middle Name: _____ First Name: _____

Date of Birth: _____ Social Security #: _____

Maiden Name or Other Names Used: _____

Current Home Address: _____

City: _____ State: _____ Zip: _____

Other Home Address (if current is less than 5 years): _____

City: _____ State: _____ Zip: _____

Have you ever been convicted of a criminal offense? Select: Yes No

If yes, please give details:

Are there currently any pending arrests or criminal charges against you? Select: Yes No

If yes, please give details:

I certify that all statements herein are complete and correct, and agree that (A) Big Brothers Big Sisters is authorized to furnish information concerning this application and are released from all liability for furnishing such information and (B) that I may be checked through First Advantage*, the Department of Motor Vehicles, and Criminal and Sexual Offense databases, and (C) any misrepresentation or omission made by me in this application or any supplement hereto will be sufficient grounds for immediate termination.

I hereby authorize the addressed Police Departments and Court Houses to furnish First Advantage any Criminal or Traffic Information they may have on record or otherwise, and do hereby release the addressed institution and all individuals connected therewith from all liability for damage whatsoever incurred in furnishing such information.

Applicant's Signature

Date

* Please be advised that First Advantage is a well-known, web-based security check used by many volunteer based agencies. It is fully encrypted.

VIII. VOLUNTEER ASSESSMENT POLICY AND AGREEMENT

It is the policy of Big Brothers Big Sisters of Coastal & Northern New Jersey, Inc. to accept volunteer applicants who in the professional opinion of the intake staff and Executive Director will provide a stable, committed, and healthy adult mentoring opportunity for an eligible child who has been accepted into our program to be matched with an adult mentor.

Whereas prospective volunteers may apply who are inappropriate for the specific needs of our program, the professional intake staff and the Executive Director may decide, based on available assessment materials, to reject a prospective volunteer at any time during the intake process or upon completion of the intake assessment. This is done through a letter to the volunteer. The applicant may request a review with the Executive Director.

Because the intake process covers an extensive amount of information, and for purposes of confidentiality, the applicant may or may not be told the reason for rejection.

A prospective volunteer agrees to accept the professional decision made realizing that this assignment is a specialized one and not suitable for all those who apply.

Applicant's Signature

Date

I understand that:

- 1) If I am accepted as a volunteer, I will follow all BBBS ground rules and policies including no overnight visits between Bigs and Littles.
- 2) The references I listed may be contacted by mail, telephone, or email;
- 3) I am in no way obligated to perform any volunteer services and may rescind my application at any time;
- 4) The information I may provide will be used to conduct a background check, to include driving records check, criminal background check, and other records where required by local, state, or federal law for volunteers working with youth;
- 5) Other BBBS agencies or youth organizations where I have worked or volunteered may be contacted as references; and
- 6) As part of the enrollment process, I will be asked to provide additional personal information prior to acceptance into the program.
- 7) If I am accepted as a volunteer a summary of information will be shared with the child's parent/guardian which may include the following personal information: age, occupation, interests/hobbies, race, religion, sexual orientation, marital status, smoker status, living situation (including town), and experience with children.

Applicant's Signature

Date

CONFIDENTIALITY POLICY TO BE READ AND SIGNED BY AGENCY CLIENTS AND VOLUNTEERS

ACCESS TO CONFIDENTIAL RECORDS

In order for Big Brothers Big Sisters of Coastal & Northern New Jersey to provide responsible and professional service to the clients and volunteers, it is necessary for participants and parents or guardians of clients to be asked to divulge extensive personal information about themselves and their families. The agency respects the confidentiality of all records and, with the exception of situations listed below, shares information about clients and volunteers ONLY among the agency professional staff. 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 agency workers or clients or volunteers themselves. In order to provide a service that is in the best interest of the children served by the program, information from outside sources, including confidential references, must be assessed along with information gained from the clients or volunteers themselves. Records are not available to review by the clients/parents or volunteers. Clients and volunteers shall be provided, at the time of application, a copy of this statement of confidentiality. Clients/parents and volunteers shall sign a statement that he/she has read and understands the agency policy on confidentiality and agrees to program participation under the guidelines it sets forth.

LIMITS TO CONFIDENTIALITY

1. Information will be released to other individuals or organizations ONLY upon presentation of an authorized "Consent to Release Information" form appropriately signed by the client/parent or volunteer.
2. Identifying information regarding clients and volunteers may be used in agency publications or promotional materials if the client/parent or volunteer has given permission.
3. For purposes of program evaluation, audit or accreditation, and with the prior approval of the Board of Directors, certain out-side bodies such as Big Brothers Big Sisters of America may have access to client and volunteer records. These outside organizations shall be required to use information only for the purpose(s) stated in the approval action of the Board of Directors. If there are known violations of the individual involved, an appropriate disciplinary action shall be requested.
4. Members of the Board of Trustees have access to client files only upon authorization by formal motion of the Board of Trustees. The motion shall state who shall be authorized to review records, the specific purpose for such review, and the period of time during which access shall be granted. Members shall be required to comply with the agency policies on confidentiality and may use the information only for purposes stated by the approved action of the Board of Trustees. Known violations shall be reported to the Board President. A violation of the agency's confidentiality policy by a Board Member shall constitute adequate cause for removal from office.
5. Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.
6. Information shall be provided to an agency's legal counsel in the event of litigation or potential litigation involving the agency. Such information is considered privileged information, and law protects its confidentiality.
7. State law mandates that suspected child abuse are reported to the appropriated authorities - Division of Child Protection and Permanency. All agency workers are responsible for staying abreast of such reporting requirements of their respective jurisdiction and shall always comply with mandated procedures.
8. If an agency worker receives information indicating that a client or volunteer may be dangerous to himself or herself or to others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or a report to the local law enforcement authorities.

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.

Child or Volunteer Name: _____

(Please Print)

X

Parent or Volunteer Signature

Date

NO OVERNIGHT POLICY

- Overnight visits are not permitted for Bigs and Littles enrolled in the mentoring programs of Big Brothers Big Sisters of Coastal & Northern New Jersey.
- Violations of this policy will result in the termination of the match.

I have read and understand this policy. I acknowledge that I will not have an overnight with my Little.

Child Name: _____

(Please Print)

Volunteer Name: _____

(Please Print)

X

Volunteer Signature

Date

GROUND RULES FOR VOLUNTEER BIGS

All Big Brothers and Big Sisters enrolled in BBSCNNJ must abide by these ground rules to ensure the safety and success of every match.

1. Seeing your Little consistently is one of the most important things you can do as a Big. Outings should take place as follows: 1-2 hours once a week OR 2-4 hours twice a month. Additional outings are not permitted.
2. The Big and Little's friendship is a one-to-one relationship. Including yours or your Little's friends or family on outings is not permitted. However, if you would like to include others on a special occasion, please discuss with your Case Manager in advance and get approval from parent/guardian. Bigs are not permitted to transport any other children (including their Littles' siblings) to BBBS sponsored "Kids Club" events.
3. The friendship is best developed sharing activities in the community. Activities in the Big's home are not recommended. However, activities at the Big's home are permitted on a limited basis based on the following and must be approved by the Case Manager and parent. The Little is not allowed to visit the Big's home within the first 6 months of the match to allow for the healthy development of the match relationship. After the first 6 months, the decision to allow the little to visit the volunteer's home is at the parent/guardian's discretion it should take place on a limited basis and should not occur during consecutive outings.
4. Activities at the child's home are not permitted. However, if there are unique circumstances within the child's family, an arrangement should be set forth at the beginning of the match and must be approved by the volunteer, parent/guardian, and BBBS Case Management team.
5. Bigs have the responsibility of keeping in touch with their Case Manager each month. Bigs should return phone calls from their Case Manager in a timely manner.
6. Be dependable. Your Little must learn to trust you. Do not cancel plans or make promises that you can't keep.
7. The Big must get approval from parent/guardian as to where they will be going and when they will return. The Big is responsible for arriving on time and returning their Little home on time.
8. The Big assumes no financial responsibility for the support of the child and his/her family. Fees for activities will be shared between the Big and the child's parent/guardian.
9. Bigs must follow New Jersey's mandatory reporting policy. This means that any person with reasonable cause to believe that a child has been abused or neglected must report those concerns or findings immediately to your case manager.
10. The Big is responsible for setting reasonable limits and expectations with their Little to ensure the child's safety.
11. The Big is not the disciplinarian in place of the parent/guardian.
12. Overnight activities are not allowed. Should an overnight activity occur the match will be terminated.
13. Respect confidentiality. However, if the Little discloses something that may affect the safety of him/herself or someone else, the Big must speak to the Case Manager and/or parent/guardian about the issue.
14. To ensure the safety of our children and to be in compliance with our insurance carrier, it is the responsibility of the Big to contact their Case Manager if there are any changes in driving record and/or auto insurance coverage.
15. Bigs and Littles are not permitted to connect on social networking websites or online gaming platforms (e.g. Facebook, Twitter, Instagram, Xbox, etc.)

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16. It is important that you properly end a match relationship. Therefore you must speak with your Case Manager to discuss the most appropriate way to provide closure to your match.
 17. The Big is responsible for notifying BBBS if there are any changes in contact information or home/life circumstances that could impact the match.
 18. We request that all matches attend 1-2 Big Brothers Big Sisters sponsored "Kids Club" events throughout the year.
 19. Weapons, firearms and ammunition will be made inaccessible at all times to a child while in the Bigs care, unless participating in specific, approved activity(ies), which the parent/guardian, Big, and case manager have approved in advance. Such approval is documented in the match file (e.g., hunter safety courses). In addition, if a Big has a new firearm or weapon in his/her possession or home, he/she must notify the Case Manager and parent/guardian of this update, and a firearems inspection may be scheduled.
 20. It is understood that certain types of physical contact such as tickling, wrestling, pinching or asking a child to sit in Big's lap violates boundaries and is not permitted.

All volunteers agree to abide by the above guidelines as established by Big Brothers Big Sisters of Coastal & Northern NJ. I understand that if I don't follow these guidelines the match will be closed.

Name: _____
(Please Print)

X _____
Signature Date