

Thank You for Starting Something!

Congratulations on taking the first step to becoming a Big Brothers Big Sisters mentor! We know you have a lot of questions about what will be expected from you as a “Big”. Being a Big is not complicated nor time consuming, however it does involve a consistent commitment that will result in a positive impact for youth in your community! If you are at least 18 years of age and have a high school diploma or equivalent, you are eligible to begin the journey of becoming a Big! To prepare, take a few moments to review the following to ensure that you have a meaningful and enjoyable experience as a Big Brother Big Sister mentor!

What does it take to be a Big?

Ask yourself if you can...

- Consistently meet your Little Brother or Little Sister 2 to 4 times a month.
- Commit to be a mentor to your Little for at least 12 months. Studies show that children achieve the greatest outcomes when they have been matched for at least a year.
- **Dedicate the time with your Little to be just the two of you. Your undivided attention is essential in helping a child reach their fullest potential!**
- Contact your assigned Match Support Specialist (MSS) each month. Your MSS will be there to guide your match relationship, to answer your questions, to offer advice, to help you and your Little have a safe and fun relationship and to share match activity ideas, including BBBS sponsored events.
- Have your own reliable transportation. Your Little would be very disappointed if you missed an activity because you couldn't find a way to get there.
- Maintain \$100,000 Property Damage/\$300,000 Bodily Injury Automobile Insurance (see attached Personal Vehicle Policy form and SIGN with proof of coverage).
- Meet all the legal qualifications required to volunteer with children: *Instructions are on reverse of this paper.*
 - **\$22.60 FBI Clearance that is obtained by registering at <https://uenroll.identogo.com>, enter service code 1KG6ZJ (directions are provided on the enclosed sheet) and visiting one of the local sites to be fingerprinted if you have NOT been a PA resident for 10 or more years.**
 - **Child Abuse Background Check at <https://www.compass.state.pa.us/cwis/public/home>. This background check is free.**
 - **PA Criminal History at <https://epatch.state.pa.us>. This background check is free.**
 - **Take the following Child Abuse training: www.ReportAbusePa.Pitt.edu. Simply type this into your browser and it will take you to the home page. Register yourself for the training and then launch. This training is free.**

As you consider becoming a Big, be aware that significant life changes can negatively impact your ability to consistently spend time with your Little. While none of the events listed below would disqualify you from becoming a Big, we do want you to consider them as they could ultimately affect the quality and length of your match. Looking forward 18 months, do you anticipate any of the following significant life events?

- Changing schools, jobs or employment status
- Marital/family status (marriage, divorce, pregnancy, adoption, caring for parent, etc.)
- Moving (either within the area or out of town)

Based upon the information above, do you feel that this is the right time for you to be a Big? We hope your answer is “Yes!” But if you have questions, you will have the opportunity during your interview to speak with our professional staff to further assess your individual situation.

Remember, being a Big isn't about finding time for a child; it is about inviting a child into the life you are already living. We look forward to helping you change a child's life for the better, forever.

Please complete ALL attached forms...Start Something !!

Instructions for Completing Clearances and Training

Free Child Abuse Background Check at <https://www.compass.state.pa.us/cwis/public/home>.

1. Click on "CREATE INDIVIDUAL ACCOUNT"
2. Fill in the form. Remember to write down your Keystone ID, choose "FINISH"
3. Check your email for your temporary password
4. Close the browser window. You will need to re-access the website.
5. Choose INDIVIDUAL LOGIN
6. Choose ACCESS MY CLEARANCES
7. Select "Continue"
8. Login with your Keystone ID and temporary password
9. Change your password (write this down), then SUBMIT
10. Login using your new password
11. Accept agreement, NEXT
12. Choose CREATE CLEARANCE APPLICATION
13. Fill out all information, reason – choose Volunteer Having Contact with Children and so on.
14. A certificate will be MAILED to you. You can either give us a copy or email us the image of your scanned copy.

Free PA Criminal History at <https://epatch.state.pa.us>.

1. Click on the yellow button "New Record Check" (Volunteers Only)
2. Read through, check the box by the red text and choose the "Accept" button
3. Enter all information, using information and address of YOU
4. Verify information and choose "Proceed"
5. Enter your name, soc sec #, Date of Birth, and any aliases or maiden name (if applicable) and "Enter This Request"
6. You will see in blue at bottom of screen "View Queued Record Requests (1)", click on it
7. You will see your name. Click on the "Submit" button.
8. Click on the blue control number.
9. Click on the Certification Form.
10. You will see the certificate. You may print it out the certificate or choose "Save". We will need a printed copy or the file emailed. It should be saved in a .pdf format.

Take the following Child Abuse training: www.ReportAbusePa.Pitt.edu. Simply type this into your browser and it will take you to the home page. Register yourself for the training and then launch. This training is free. This takes about 4 hours and you can save your progress and return at other times. At the end, please print out and/or save your certificate. We will need a copy or an emailed document.

\$22.60 FBI Clearance that is obtained by registering at <https://uenroll.identogo.com> and visiting one of the local sites to be fingerprinted **ONLY if you have NOT been a PA resident for the past 10 or more years, continuously.** Directions are provided on the enclosed sheet.

Volunteer Verification
for exemption from FBI Federal Criminal History Clearance

The Child Protective Services Law requires all volunteers to complete three clearances, including the FBI Federal Criminal History Clearance. However, the Law includes a limited exception which exempts a prospective volunteer from the FBI clearance if both of the following conditions apply: (1) the prospective volunteer has been a resident of Pennsylvania during the entirety of the previous ten-year period; and (2) the prospective volunteer swears or affirms in writing that he/she is not disqualified from service by reason of criminal history. If you have lived outside Pennsylvania at any point during the prior ten (10) years, you are not eligible for the exemption and this Verification form does not apply to you. If properly completed, this Verification form will excuse eligible volunteers from the FBI Federal Criminal History Clearance.

Please read the statements below. If the statements are true and apply to you, please sign and date the Verification at the bottom. If you have any questions about this Verification or your eligibility, you must contact the District before submitting the Form.

- I swear and affirm that I have been a resident of Pennsylvania during the entirety of the previous ten-year period.
- I swear and affirm that:
 1. I have never been named in the Statewide database as the perpetrator of a founded report of child abuse committed within the last five (5) years.
 2. I have never been arrested or convicted of the following offenses under the Pennsylvania Crimes Code or an equivalent crime under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth:

Chapter 25 (relating to criminal homicide).
Section 2702 (relating to aggravated assault).
Section 2709.1 (relating to stalking).
Section 2901 (relating to kidnapping).
Section 2902 (relating to unlawful restraint).
Section 3121 (relating to rape).
Section 3122.1 (relating to statutory sexual assault).
Section 3123 (relating to involuntary deviate sexual intercourse).
Section 3124.1 (relating to sexual assault).
Section 3125 (relating to aggravated indecent assault).

Section 3126 (relating to indecent assault).
Section 3127 (relating to indecent exposure).
Section 4302 (relating to incest).
Section 4303 (relating to concealing death of child).
Section 4304 (relating to endangering welfare of children).
Section 4305 (relating to dealing in infant children).
A felony offense under section 5902(b) (relating to prostitution and related offenses).
Section 5903(c) or (d) (relating to obscene and other sexual materials and performances).
Section 6301 (relating to corruption of minors).
Section 6312 (relating to sexual abuse of children).

The attempt, solicitation or conspiracy to commit any of the offenses set forth above.

A felony offense under the Controlled Substance, Drug, Device and Cosmetic Act, committed within the five-year period immediately preceding verification.

I make this statement and submit this Verification under penalty of perjury as more fully set forth in 18 Pa. C.S. § 4904.

Prospective Volunteer Signature

Date



Fingerprint Service Code Form

Service Name: DHS Volunteer

To Schedule your ten-minute fingerprint appointment, simply visit
<https://uenroll.identogo.com> and enter the following Service Code

1KG6ZJ

Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.

Please bring one of the identification documents from the list below to your enrollment appointment.

- Driver's License issued by a State or outlying possession of the U.S.
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- State ID Card (or outlying possession of the U.S.) with a seal or logo from State or State Agency
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- Canadian Driver's License
- Department of Defense Common Access Card
- Employment Authorization Card/ Document (I-766) with Photo
- Foreign Driver's License (Mexico and Canada only)
- Foreign passport
- Military Dependent's Identification Card
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- U.S. Coastguard Merchant Mariner Card
- U.S. Military Identification Card
- U.S. Passport
- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States
- Uniformed Services Identification Card (Form DD-1172-2)
- Photo ID Waiver for Minors and U.S. Social Security Card or Birth Certificate



Don't have access to the Internet? You can still schedule an appointment by calling **844-321-2101**

VOLUNTEER APPLICATION

Thank you for your interest in becoming a Big Brother or Big Sister. Please submit completed application via email to ***lgorter@bbbsyorkadams.org*** or fax to ***717-699-0671*** or hand deliver or mail to ***227 W. Market St., Suite 102, York, PA 17401.***

Along with this application, you will need to submit a copy of a government-issued photo ID, as well as your driver's license (*if not used as your government-issued photo ID*), and proof of auto-insurance. All applications will be given equal consideration regardless of race, age, sex, disability, marital status, sexual orientation, religion or national origin.

GENERAL INFORMATION

First Name:		Middle Name:		Last Name:		Preferred Name :	
Home Phone #:		Work Phone #:		Cell Phone #:		Is it okay to text you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address:			City:		County:	State:	Zip:
Personal E-mail:		Work E-mail:		How do you prefer to be contacted? (Phone, e-mail, time of day, etc.)			
Social Security Number (if over 18):				Gender:		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Living with Significant Other	
Date of Birth:							
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"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other							
Nationality/Country of Origin:							
Employer and Occupation:				How Long Employed?		Work Hours?	
Highest Level of Education:				Are you a student at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please name school:			
Area of Study:							
Do you have current or past military experience? <input type="checkbox"/> Yes <input type="checkbox"/> No				Dates of Service:			
Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard							
Component: <input type="checkbox"/> Active <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve				Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you separated/discharged (other than retired)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If retired, separated, or discharged, please check the character of separation/discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> General (under honorable conditions) <input type="checkbox"/> Under Other than Honorable Conditions <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable							

Possession of a driver's license is required if you will be transporting a program youth in any vehicle you are operating.

Do you have a current and valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state of issue and #: Expiration date:	Do you have a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have valid insurance that covers \$100,000 for liability; \$300,000 bodily injury. <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you previously applied to be or served as a Big Brother or Big Sister here or anywhere else?
☐Yes ☐No

If yes, when and where?

Have you ever been involved with Big Brothers Big Sisters in a capacity other than a Big? ☐Yes ☐No
If yes, when and where?

Have you ever been involved with or volunteered for another youth organization? ☐Yes ☐No
If yes, when and where?

Have you ever been denied acceptance or released from service as a volunteer or employee for another Big Brothers Big Sisters program or youth-serving organization? ☐Yes ☐No
If yes, when and where?

Are you interested in learning about additional ways to contribute to the Big Brothers Big Sisters mission?
☐Yes ☐No

If yes, please check all interests that apply.

- ☐ Becoming a donor
- ☐ Helping to recruit volunteers
- ☐ Volunteering at agency events for matches, Littles, waiting-list children, etc.
- ☐ Volunteering at agency fundraising events
- ☐ Inviting BBBS to speak at a company, church, organization, or other group of which I am a member

REFERENCE INFORMATION

Please list information for at least three references below including:

1. Your spouse or domestic partner (i.e., if you live with a significant other/ girlfriend/boyfriend) OR a family member, if you do not have a spouse, partner, or significant other);
2. Current or former employer or co-worker you have known for at least one year, or someone from your school if you are a student; AND
3. A friend or neighbor you have known for at least two years.

Spouse/Partner's name:		Family member name (if no spouse/partner):	
Address:		City:	State: Zip:
Day Phone #:	Cell #:	Email:	
Employer or Co-worker (current or past) or school personnel (if you are a student):			
Address:		City:	State: Zip:
Day Phone #:	Cell #:	Email:	

Friend, Neighbor, or other personal reference:			
Address:		City:	State: Zip:
Day Phone #:	Cell #:	Email:	

In addition to the references above, Big Brothers Big Sisters requires references from all youth serving organizations at which you have worked or volunteered in the past. Please list additional on separate page, if needed.

Organization name:		Direct supervisor:	
Address:		City:	State: Zip:
Day Phone #:	Cell #:	Email:	
Dates of involvement/employment:			
Reason for leaving:			
Organization name:		Direct supervisor:	
Address:		City:	State: Zip:
Day Phone #:	Cell #:	Email:	
Dates of involvement/employment:			
Reason for leaving?			
Organization name:		Direct supervisor:	
Address:		City:	State: Zip:
Day Phone #:	Cell #:	Email:	
Dates of involvement/employment:			
Reason for leaving:			

I consent to and understand that:

- 1) The references and youth serving-organization I listed will be contacted by mail, telephone, email, or in-person;
- 2) The information I provided will be used to conduct a background check, to include a search of public domain records, driving records check, juvenile and adult criminal history check (*see attached authorization*), military records, and other records where required by local, state, or federal law for volunteers working with youth;
- 3) I am in no way obligated to perform any volunteer services;
- 4) The BBBS agency is not obligated to match me with a youth and may deny my application or close my match at any time, and to protect all participants' confidentiality, BBBS is not required to disclose reasons for doing so;
- 5) Other BBBS agencies and youth organizations where I have worked or volunteered may be contacted as references;
- 6) As part of the enrollment processes, I will be required to provide additional personal information, including completion of an in-person interview;

- 7) 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 below.
- 8) I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities;
- 9) I understand that certain relevant information about me will be discussed with the parent/guardian of a child who is a prospective match (*this might include demographic information, information relevant to parent/child preferences, and any information relevant to a child's safety or well-being*);
- 10) It is my responsibility to update the agency if any of the information I provide on this application, in my interview, or any other information provided during the enrollment process changes (*i.e. address, phone number, auto-insurance, new criminal charges, etc.*).
- 11) I agree to timely communication and follow-up with all agency staff.

Please read the following carefully before signing this application:

I understand that this is an application for a volunteer opportunity and is not a promise or commitment by Big Brothers Big Sisters.

I certify that all information I have provided or will provide to Big Brothers Big Sisters, including this application, is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would affect my application for a volunteer position. I understand that information contained on my application will be verified by Big Brothers Big Sisters. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant or my termination as a volunteer.

At any time while involved with the Big Brothers Big Sisters program, I agree to immediately inform my Big Brothers Big Sisters contact person of any and all infractions, violations, charges and convictions related to any civil, domestic, or criminal occurrences. I understand that BBBS staff needs to be fully informed to provide the best guidance or support possible.

I give my approval to Big Brothers Big Sisters for release of information regarding myself in regard to participating in the following (with name included)**: Photographs, TV & Movies and General Information.

Signature _____ Date _____

Please return this completed application with copies of your driver's license and auto insurance along with the completed *Authorization for Background Check* form to the nearest volunteer center listed below:

BBBS Volunteer Center

Attn: Volunteer Customer Service Department

If submitting application via mail in-send to Office address provided below for timely processing

York County Office Location

**Big Brothers Big Sisters
227 W. Market Street Suite 102
York, PA 17401**

Phone: 717-843-0051

Fax: 717-699-0671

Adams County Office Location

**Big Brothers Big Sisters
18 Carlisle Rd. Suite 109
Gettysburg, PA 17325**

Phone: 717-843-0051

Fax: 717-669-0671

VOLUNTEER PRE-INTERVIEW QUESTIONNAIRE

Prior to your in-person interview, please answer the questions below. Parents of youth in our programs will often ask questions about someone with whom their child will be matched. The information you provide will also help us make a better match for you and assure we can support you during your involvement with our program.

Please note that you will have an opportunity to discuss these questions and your responses more thoroughly during your in-person interview.

1. Do you have any concerns about your ability to fulfill the 12-month commitment required of mentors?
☐Yes ☐No

2. Do you anticipate any significant life changes over the next year or had any this past year?
☐Yes ☐No

Please describe:

3. Have you ever been accused, arrested, charged, or convicted of a crime?
☐Yes ☐No

4. Have you had any driving citations and/or moving violations in the past 5 years?
☐Yes ☐No

5. Do you have guns, ammunition, or other weapons in your house?
☐Yes ☐No

6. Are you experiencing any physical or mental health issues?
☐Yes ☐No

7. Do you speak any foreign languages?
☐Yes ☐No

8. Is there anything else you'd like to tell us about yourself or any questions that you have?

9. Are there other people living in your household?
Provide name, age, relationship to you.

Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:

10. Please list any counties and states that you have lived in aside from your current address in the past 5 years.

I have answered these questions honestly and completely to the best of my knowledge.

Signature

Date

Getting to Know You

Questionnaire for new Big Brothers / Big Sisters

Name:

What part of your day do you most look forward to?

What do you hope to take from this experience?

What do you hope a child/little would take from this experience?

What are a few of your favorite activities/hobbies?

What activities/hobbies would you like a child/little to be interested in?

What habit or trait that you have makes you unique?

What unique traits would you like a child to have?

What, if any, additional comments or questions you may have? (for follow-up during the interview)

NOTICE AND AUTHORIZATION FOR BACKGROUND CHECK

NOTICE

This is to inform you Big Brothers Big Sisters ("BBBS") will obtain information about you and/or your history related to potential criminal activity. **I understand that I must have a completed FBI Clearance, which costs of \$25.75 if I have not resided in Pennsylvania for at least 10 years (waiver included in packet).** The report from authorized sources may include, among other information, arrest, conviction, and driving record information. BBBS may additionally obtain information concerning your background, character, medical conditions, employment, education, and military experience. Information obtained by BBBS will be used only for the purposes of assessing your suitability to become a volunteer and matching you with a Little Brother or Little Sister.

AUTHORIZATION

I hereby authorize and instruct BBBS to procure a report on me, including a criminal background history, which I understand may include, among other information, arrest, conviction, and driving record information. I also authorize and instruct BBBS to verify my Social Security number and to investigate my background and character in any manner they see fit to evaluate my potential as a Big Brother or Big Sister, including obtaining information from medical providers, employers, educational institutions, military agencies, and any other sources. If I become a volunteer for BBBS, I authorize BBBS to repeat these investigations at any time for as long as I remain a volunteer. I authorize BBBS to disclose relevant information obtained from its investigations to the parent/legal guardian of any child considered as a possible Little Brother or Little Sister to effectively enable the parent to exercise "parental choice" in accepting or denying me as a Big Brother or Big Sister for their child. I authorize and instruct any individual, corporation, and public or private entity having knowledge about me to furnish to BBBS any and all information they may have regarding me. I unconditionally release and hold harmless BBBS and its officers, directors, employees, and agents and any party furnishing information to them pursuant to this authorization from any liability, claims, charges, costs, or causes of action which I or my heirs, executors, or assigns may have as a result of the delivery, disclosure, non-disclosure, or omission of any information. I additionally agree to indemnify BBBS and its officers, directors, employees, and agents for any and all attorney fees, court costs, and other expenses resulting from investigating my background, gathering information concerning me, or verifying personal information about upon the written request of law enforcement agencies. Furthermore, I understand that BBBS holds the right to deny my participation in the program and, for confidentiality, is not required to disclose reasons for doing so. A photocopy of this authorization may be accepted in lieu of the original.

Date

Signature (please do not print or type)

PERSONAL IDENTIFICATION AND BACKGROUND INFORMATION

PLEASE PRINT:

Complete, Legal Name: _____ Gender: M _____ F _____

If name changed (through marriage or otherwise), print former name _____

Current Physical Address _____

Date of Birth _____ Social Security Number _____

Drivers License Number _____ State _____ Expires _____

Have you ever been (circle which) charged with / convicted of a (circle which) misdemeanor / felony? No _____ Yes _____

Details: _____

Are you active or retired in the military? _____ if yes, please submit a copy of your DD-214 form.

Have you ever been cited for a traffic violation? No _____ Yes _____ Details: _____

For the safety of all children and volunteers, BBBS conducts a background check on all potential volunteers.

CONFIDENTIALITY STATEMENT

In order for Big Brothers Big Sisters (BBBS) to provide responsible and professional services, it is necessary for volunteers, clients and parent/guardians of clients to disclose personal information. BBBS respects the confidentiality of client/volunteer information. Confidentiality applies to written records, voice, verbal statements, pictures (motion or still) and the use of the client/volunteer's name in agency publications. All records are considered property of the agency, not of the agency staff, clients, parent/guardians or volunteers.

According to the Confidentiality Policy, information from client/volunteer records may be shared with individuals/organizations as specified:

1. Requests for the release of confidential information shall be accompanied by an authorized consent to release information form signed by the client/volunteer/parent guardian.
2. Identifying information regarding client/volunteer may be used in agency publications or promotional material if the client/volunteer has given written permission.
3. For program evaluation, audit, or accreditation, certain outside bodies, including members of the Board of Directors, may have access to client/volunteer records, by formal motion and approved action of the Board of Directors. The motion identifies the person(s) authorized to review records, the purpose for the review and the period of time during which access is granted.
4. Information shall be provided to law enforcement or courts only with a valid, enforceable subpoena.
5. Information shall be provided to BBBS legal counsel in the event of litigation or potential litigation involving the agency.
6. State law requires that suspected or disclosed child abuse be reported to the Pennsylvania Department of Protective and Regulatory Services, Child Protective Services.
7. If agency staff receives information that indicates that a client/volunteer may be dangerous to himself/herself or to others, steps shall be taken to protect the appropriate party, including a report to the law enforcement authorities.
8. When a child/volunteer is considered for a match, information is shared between the prospective parties. The identity of the parties is not revealed until after the parties agree to the match. Each party has the right to refuse the proposed match based on the anonymous information provided. Information shared may include but is not limited to: age, sex, race, religion, education, interests, hobbies, marriage and family status, sexual preference, reasons for applying to the program, and a summary of the reasons an individual was chosen for the match. The individuals to whom the information is provided shall agree not to share the Information with any other person.
9. The Chief Executive Officer/President is the custodian of confidential records. The management of confidential information shall be conducted in accordance with the following:
 - a. Case files shall be kept in secure locations.
 - b. Program Support Specialists may keep working notes about the match for supervision purposes. Notes are contained in a secure electronic database.
 - c. Agency files shall not be removed from the office without approval of the Program Director.
 - d. Files will be kept a minimum of seven years after closure. Files are destroyed by shredding.

I, _____, have received the BBBS Confidentiality Statement and I agree to program participation under its ground rules.

Print Name

Signature

Date

Personal Vehicle Policy

Transporting Clients

The purpose of this policy is to promote the safety of clients, employees and volunteers when using personal vehicles for Big Brothers Big Sisters of York & Adams Counties.

All staff or volunteers driving a personal vehicle for any Big Brothers Big Sisters of York & Adams Counties related business shall maintain a valid driver's license, insurance, and must operate the vehicle in a safe manner at all times.

Standards:

1. Only authorized employees and volunteers may transport clients in their personal vehicles.
2. To qualify to transport clients in a personal vehicle, the employee or volunteer must have an acceptable driving record based on our insurance carrier's guidelines and submit documentation of a current insurance policy.
3. Employees and volunteers who use their personal vehicles for company business are required to carry adequate limits of liability, with a minimum of \$100,000 for property damage and \$300,000 for bodily injury. A copy of the declaration page of your personal automobile insurance policy must be provided to Big Brothers Big Sisters of York & Adams Counties annually at your renewal date.
4. Driving records must remain within the insurance carrier's guidelines for continued employment or assignment in positions with driving duties. Employees and volunteers who do not maintain acceptable records will not be allowed to transport clients and may be disqualified for the position.
5. All employees and volunteers driving on Big Brothers Big Sisters of York & Adams Counties business must maintain a valid driver's license and insurance on all vehicles they drive. Any change in the status of their driver's license or insurance must be reported immediately and prior to driving on Big Brothers Big Sisters of York & Adams Counties business.
6. Employees and volunteers transporting clients in personal vehicles will have their driving records checked every 5 years.
7. Employee/volunteer insurance serves as primary coverage with Big Brothers Big Sisters of York & Adams Counties insurance being secondary.
8. The personal vehicle used to transport clients must be properly maintained and in good working condition.
9. The driver and all passengers must wear seat belts at all times. No vehicle should be operated when the number of occupants exceeds the number of passenger restraints available.
10. Drivers shall obey all applicable traffic and parking regulations, ordinances, and laws.
 - a) Employees and volunteers who incur parking or other fines while on Big Brothers Big Sisters of York & Adams Counties business are personally responsible for payment of such fines.
 - b) Employees who are issued citations for any offense while driving on Big Brothers Big Sisters of York & Adams Counties business must notify the Executive Director immediately when practicable,

but in no case later than 24 hours. Failure to provide such notice may be grounds for disciplinary action.

Volunteers who are issued citations for any offense while driving on Big Brothers Big Sisters of York & Adams Counties business must notify the Program Director immediately when practicable, but in no case later than 72 hours. Failure to provide such notice may be grounds for termination of the mentoring relationship.

c) An employee who is arrested for or charged with a motor vehicle offense for which the punishment includes suspension or revocation of the motor vehicle license while on Big Brothers Big Sisters of York & Adams Counties business, must notify the Executive Director immediately when practicable, but in no case later than 24 hours. Conviction for such offense may be grounds for loss of privilege to transport Big Brothers Big Sisters of York & Adams Counties clients and/or further disciplinary action.

A volunteer who is arrested for or charged with a motor vehicle offense for which the punishment includes suspension or revocation of the motor vehicle license while on Big Brothers Big Sisters of York & Adams Counties business, must notify the Program Director immediately when practicable, but in no case later than 72 hours. Conviction for such offense may be grounds for loss of privilege to transport Big Brothers Big Sisters of York & Adams Counties clients and/or termination of the mentoring relationship.

11. Any driver who is involved in a motor vehicle accident while on agency business involving personal injury to any party shall notify his/her supervisor immediately. If the accident involves property damage only, the driver shall notify his/her supervisor upon return to the work location.
12. The driver shall use hand's free equipment when necessary to talk on a cell phone when driving. In no event shall the driver text message or operate any other electronic equipment while driving the vehicle. It is always preferred that the driver park the car in a safe location to receive or make cell phone calls.
13. No smoking in personal vehicles while transporting clients.
14. Only clients and individuals conducting agency business are to be in a personal vehicle while transporting clients.

I, _____, (print name) have read and understand the Transporting Clients Personal Vehicle Use Policy established by Big Brothers Big Sisters of York & Adams Counties. I agree to abide by the provisions of this policy. I understand that failure to comply with any and all provisions of this policy may result in disciplinary action up to and including removal of authorization to transport Big Brothers Big Sisters of York & Adams Counties clients, suspension and/or termination of employment or volunteer assignment.

Driver Signature

Supervisor Signature

Driver Name (Print)

Supervisor Name (Print)

Date

Date

Welcome to **Big Brothers Big Sisters**
of York & Adams Counties

Volunteer Orientation Guide

**Our vision is that all children
achieve success in life.**

Our mission is to provide children facing adversity with strong and enduring, professionally supported 1-to-1 relationships that change their lives for the better, forever.

We partner with parents/guardians, volunteers and others in the community and hold ourselves accountable for each child in our program achieving:

- Higher aspirations, greater confidence, and better relationships
- Avoidance of risky behaviors
- Educational success

This is what we do, this why we do it, and this is why it matters:

2014 percentage of youth maintaining or improving in our key areas:

	Community	Site and School
Socio-Emotional Competence	84%	77%
Educational Success	73%	79%
Avoidance of Risky Behaviors	67%	75%

About Our Bigs

Based on years of extensive research, Big Brothers Big Sisters requires our volunteers to be capable of the following commitments. Our professional staff work with volunteers to ensure these commitments can be met by providing coaching, training and activities to help you develop in your role as a Big.

- ❑ Commit to a minimum of 12 months as a Big
- ❑ Commit to spending consistent, significant time with your Little each month 3 to 4 times a month
- ❑ Follow all agency policies, procedures and ground rules. Because child safety is a top priority, we consider violations of policies, procedures, and ground rules to be grounds for match suspension or termination.
- ❑ Maintain regular communication with Program Support staff, including returning all calls and emails. Failure to maintain contact may result in closure of the match.
- ❑ Participate in required surveys and assessments related to the match relationship and youth outcomes.
- ❑ Complete assigned training.

Research tells us that Littles achieve greater results when their Big....

- ❑ Emphasizes friendship over changing the behavior.
- ❑ Is not authoritarian.
- ❑ Decides activities together with Littles.
- ❑ Is consistent & dependable.
- ❑ Has realistic expectations about the Little.
- ❑ Is patient.
- ❑ Focuses on having fun.
- ❑ Sets boundaries and limits.
- ❑ Acknowledges that positive impact on the child comes after the relationship is built.
- ❑ Puts a child's safety and well-being first.
- ❑ Helps form goals.

And we know what a Big is **not**:

ATM
Childcare provider
Provider of professional services
Tutor

We will work with you to ensure healthy boundaries are established.

About the Enrollment Process



Enrollment Steps

1. VO will Inquire about being a Big by contacting the agency at 717-843-0051 or through the website www.bbbsyorkadams.org
2. Orientation to Big Brothers Big Sisters programs is provided through information packet
3. Complete the application
4. Provide information about work or volunteering with other youth-serving organizations and other related information as requested
5. Provide personal references
6. Background checks, including criminal history and DMV record checks as well as public domain searches
7. Interview with Big Brothers Big Sisters Staff
8. Participate in Pre-Match Training

Big Brothers Big Sisters retains the right to accept or deny participants, or close a match at any time.

Potential Littles, along with their families, are also screened to ensure that our mentoring programs are the best fit for the Littles needs. The process for youth and families is similar to that of our volunteers and looks like this:



Leading the enrollment and matching processes are professionals whose job it is to make the best possible match. When a match is made, a Match Support Specialist oversees the relationship by providing coaching, ensuring safety, assisting in goal-oriented activities, referring services, and helping you, the Little and his/her family with needs. It is therefore critical for all match parties to treat contact by the Match Support Specialist as a serious component of match development. Lack of response to

Match Support's contacts is grounds for match suspension or termination, which can have detrimental impact on the Little.

Later in the process, you'll receive training and instruction on our policies, procedures and guidelines – all of which are designed to help you have the most positive impact on a Little as possible.

Match Activities



Being a Big is about both having fun with your Little and achieving positive outcomes. Your Match Support Specialist will work with you, your Little and your Little's parent/guardian to identify goals for the match, which will likely fall into one or more of these three categories of:

- Avoidance of risky behaviors
- Educational Success
- Higher aspirations, greater confidence, and better relationships

When you discuss goals with your Match Support Specialist, they will fall into one or more of these categories. These categories represent the most common youth outcomes found because of effective mentoring. In general, youth-specific match goals are established to produce one or more of the youth outcomes. The activities you select should support those goals, which can produce the desired outcomes.

About **Expectations**

If you are approved and matched, you can expect a structured, professional process for ensuring match:

1. Match Introduction Meeting: **Is a time that you and your little are introduced by staff usually taking place in the child's home. Match introduction paperwork is signed and a review of the ground rules as well as exchange of information is completed.**
2. Communication with Match Support staff (phone, e-mail, and in-person as needed): **Program support team contact will take place two weeks after the match introduction so you are able to have some time with your little and will be able to refer any questions resulting from that with program support. Following contact will be made monthly to review activities, set and update any goals, answer any questions and provide directions that may be challenging for the match. Over all ensuring safety of the match.**
3. Post-Match training: **Any training requested by the volunteer will be provided by program support staff as needed. Continuous guidance and suggestions will be provided by program support on an ongoing basis throughout the match relationship by program staff through match support contacts.**
4. Match activities and events: **Program support will provide volunteers with all information regarding match activities through email, mail or phone calls**
5. Youth Development Plan participation: **Youth development plan will initially be set and approved by parent and staff. Throughout the match all match parties will work collectively to review and report success to the agency**
6. Annual survey completion: **Annually each match party (volunteer, child and parent) will asked to provide feedback to the program support team reflecting the status of the match to provide the child with the best, safe one to one mentoring experience.**

About **Safety**

The safety of children is our number one priority – no exceptions. Our staff carefully screens each volunteer Big, board member, staff and others who work directly with the children in our programs. As a volunteer Big, it will be your role to make sure the relationship is healthy and that you are making good judgments about the child's safety on outings. Here's how you can further promote safety:

- Follow all agency policies, procedures and ground rules at all times – no exceptions.
- Spending too much time with your Little too early in the match can set an unhealthy precedent for the relationship. Discuss plans and expected time with Match Support.
- Obtain parent/guardian permission for all activities. Be aware that some parents may not be comfortable with your suggestions, so we expect that you will comply with parent decisions. Talk to your BBBS match support staff when you have questions.
- Always stay with your Little; do not leave them alone or with someone else.
- Do not use alcohol, tobacco or other drugs before or during activities.
- Do not use physical discipline or yell at your Little.
- Don't take others, including your family or friends or the Little's siblings or friends, on any match outings unless otherwise approved by Match Support.

- If an activity involves changing clothes (for example, swimming), there must be separate changing and showering places.
- Never ask the Little to keep a secret.
- Gift giving is discouraged, although you might want to buy an occasional gift for your Little. Seek parental advice about this first.
- Do not engage in tickling, wrestling, giving backrubs, or ask your Little to sit on your lap.
- Seatbelts should always be worn.
- Bigs should never drop off a child at a home where no approved adult is present or at a location other than where the parent specified.
- Showing age-inappropriate videos, misusing social media, pornography or sexual material is not acceptable and is grounds for match termination.

Disregard or violation of ground rules may result in immediate or discretionary suspension or termination of the match

About Match Closure

We know from research on mentoring that when relationship closure is unplanned, abrupt, premature, or handled without care and communication, Littles can be harmed. In addition, mentors may also be left feeling guilty, sad, or lacking closure.

It may seem odd or even pessimistic to discuss this stage when you are contemplating or entering a mentoring relationship with a Little. However, research shows that when mentors are trained in how to handle match closure well and, in partnership with Match Support staff, actively plan for the end of their match, it can be a positive process that allows for reflection and personal growth for both the mentor and the Little.

At the time of closure, Big Brothers Big Sisters will discuss with you, your Little, and your Little's parent about the best plan for closing your match relationship with the organization. When a match is closed, Big Brothers Big Sisters officially closes the file and does not continue to provide professional support or guidance to the previously matched parties. At that point, the match is no longer considered an "active" match, or part of the Big Brothers Big Sisters program. This means that Big Brothers Big Sisters is no longer responsible for or involved in the relationship.

By this time, you and your Little have most likely invested a lot into each other and the relationship. During the closure process, it is important that you communicate to your Little your appreciation of him or her and your hope and expectation that he or she will be successful and happy.

When your match closes, talk to your Match Support staff about ways in which you can stay involved with Big Brothers Big Sisters. This may include being matched again with another Little, but there are many other ways in which you can support the agency. You and your Match Support staff should talk about the best options for you.

About **Our Families**

Average Age of Littles:

We serve mostly children ages 8-12

Age range:

Children ages 6 to 13

Race/Ethnicity:

BBBS of York & Adams Counties serves children of any race/ethnicity, giving us a diverse range of participants

Gender: **55% male**
45% female

Neighborhoods:

Children served by BBBS of York and Adams Counties are located throughout schools and communities in York and Adams Counties.

Number of Littles currently on waiting list:

There are currently 45 children on our waiting list

Type of Primary caregivers of our Littles:

73 % Single parent / guardian

24 % Two parent / Guardians

3 % Out-of-home care

Common languages spoken in homes of our Littles:

English is the most common language spoken in the homes of children we serve

Socioeconomic status (SES) of our families:

BBBS of York & Adams Counties serves families across all socioeconomic statuses, but 72.9% live at or below 200% of poverty

Current number of matches:

Our Community-based Program has over 60 matches and our SMART Program, our school based program, currently supervises approximately 250 kids between York and Adams Counties

Average length of match:

The average length of our matches is 18 months

Goal for number of new matches this year:

Our current goal is 25 new matches

About Our **Non-Discrimination Policies:**

Children are not excluded on the basis of race, religion, national origin, color, gender, marital status of parent, sexual orientation, gender identity, veteran status or disability.

Volunteer Big Brothers, Big Sisters, Board Members, and Agency Staff as Volunteer Bigs are not excluded on the basis of race, religion, national origin, color, gender, marital status, sexual orientation, gender identity, veteran status, or disability.

About **Big Brothers Big Sisters of York and Adams Counties**

Agency Name: Big Brothers Big Sisters of York and Adams Counties

Agency Address: 227 W. Market Street, Suite 102, York, PA 17401

Main phone number: (717) 843-0051

Website: www.bbbsyorkadams.org

Additional Questions or Child Safety Concerns

Executive Director: Linda Gorter

Phone number: (717) 843-0051 x 101

Local child services: York County Children & Youth Services

Phone Number: (717) 846-8496 or 1-800-729-9227

Adams County Children & Youth Services

Phone Number: 717-337-0110

PA Child Line and Abuse Registry: 800-932-0313

Questions and Comments

Questions and Comments

