



**HEART OF ILLINOIS
BIG BROTHERS BIG SISTERS**

1020 S Matthew St. Peoria, IL 61605 | (309)637-1771



CONFIDENTIAL INFORMATION
Parent/Guardian

Heart of Illinois Big Brothers Big Sisters is very careful in the protection of client, parent and volunteer information. Release of confidential information follows an established confidentiality policy. A copy of the complete policy is available on request. Among the items in the policy are these:

1. All records are considered the property of the agency and are not available for review by client, parents or volunteers.
2. Specific information will be shared from a person's file under specific conditions, including:
 - A. Presentation of a valid release of information consent form signed by the volunteer or parent/guardian.
 - B. Board action for program audit.
 - C. By the serving of a valid subpoena.
3. Suspected child abuse will be reported in accordance with state law.

I have read their summary and understand that Big Brothers Big Sisters has a policy respecting the confidentiality of program records. I agree to program participation in accordance with that policy.

Signature of Parent/Guardian

CONSENT AND RELEASE FORM

Heart of Illinois Big Brothers Big Sisters
1020 S Matthew St.
Peoria, IL 61605

I hereby accept the invitation of Big Brothers Big Sisters of America and Heart of Illinois Big Brothers Big Sisters (HOI BBBS) to appear and be identified in print in any HOI BBBS publication or production, or grant the right to use the image of the minor child as specified below.

I hereby grant to HOI BBBS and its affiliates the right to use this image, name, and biographical information as they may desire, in all media and in all forms including, but not limited to, publications, any televised photography and recordings, online and Social Media sites.

In consideration of \$0 to me paid, I hereby grant to HOI BBBS and its affiliates the absolute right to use this image made through HOI BBBS studios or elsewhere, in whole or in part, in true or distorted character or form, alone or in conjunction with any other image, name or reproduction, in color or otherwise, for art, advertising, business, trade, or any other lawful purpose whatsoever, in perpetuum.

I hereby release HOI BBBS and its affiliates from all claims, demands, or liabilities and related financial costs that I may now or hereafter have arising in connection with HOI BBBS' exercise of the right hereby granted, with my (or minor child's) appearance in any publication or production. These include, without limitations, claims for compensation, defamation, or invasion of privacy, or other infringements or violations of personal or property rights of any sort whatsoever.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

(IF UNDER THE AGE OF 18):
PARENT/GUARDIAN SIGNATURE: _____

ADDRESS: _____

TELEPHONE: _____



RELEASE OF INFORMATION



I grant permission to any school to release any information on my son/daughter _____ to Heart of Illinois Big Brothers Big Sisters. I understand that the information sought is necessary to assist Big Brothers Big Sisters in matching my child with a volunteer. This release also applies to any physician, welfare or social agency that my child may be involved with. This waiver is valid throughout the entire length of time that my child is involved with Heart of Illinois Big Brothers Big Sisters.

SIGNATURE _____

DATE _____



HEART OF ILLINOIS BIG BROTHERS BIG SISTERS



MATCH GUIDELINES FOR PARENTS/GUARDIANS

1. Your child's Big Brother/Big Sister is not a taxicab service, Santa Claus or a babysitter. Please do not treat him/her as such.
2. Please do not discuss your child's problems with the Big Brother/Big Sister in the presence of the child. If you think there is something he/she should know, call the volunteer when the child is away.
3. Please do not ask your child's big to keep them overnight, this is against BBBS policy and procedure and is not allowed at any time in the match.
4. If there is something about the relationship that concerns you, contact your case manager immediately. Do not interfere in the relationship with excessive quizzing and judgments. This is the child's relationship.
5. Let the volunteer know, once in a while, that his/her efforts are appreciated.
6. Remember, the relationship that exists is between the child and the volunteer. Don't ask that siblings or you be included in the outings.
7. Forgive minor mistakes. The volunteer is not a trained professional, nor is he/she perfect. For serious problems or concerns, please contact your case manager or the Executive Director. Trying to handle disputes yourself could result in irreparable harm to the match. Our goal is to protect the match relationship, and we will do any necessary interceding to ensure the success of the match.
8. The parent/guardian should not deprive the child of a visit with the volunteer as a means of discipline. We consider the Big Brother/Big Sister relationship a necessity, not a privilege. Please support it in that manner.
9. Make a point of being home when the volunteer returns your child. If you cannot be there, make arrangements in advance, and notify the volunteer of permission to leave the child with someone else.
10. Be flexible. Remember, the volunteer has a busy schedule too.
11. Give it time. This relationship needs time to develop, at least three months, so don't judge too quickly.
12. Your child's Big Brother/Big Sister is a person, too. Get to know the volunteer at least to the degree that you feel comfortable with them.

Signature of Parent

Date

BBBS Case Manager

Date

BBBS CLIENT GOAL FORM

CHILD'S NAME _____

Please place a check mark in the space provided to rate your child's confidence, competence and caring abilities. This information will be helpful in determining the areas that you would like to see a Big Brother or Big Sister work on with your child once they are matched.

	<i>Superior</i>	<i>Above Average</i>	<i>Average Average</i>	<i>Below Average</i>	<i>Poor Average</i>
<u><i>Confidence</i></u>					
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks before acting and is aware of consequences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has interests or hobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal hygiene, appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows about educational and career opportunities available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u><i>Competence</i></u>					
Use community resources (library, church programs etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use school resources (tutoring services, library, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School preparedness (completes homework and assignments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to avoid delinquency (doesn't behave illegally for their age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Superior</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Poor</i>

Able to avoid substance
(doesn't use illegal substances)

Able to avoid early parenting
(doesn't engage in sexual behavior)

Caring

Shows trust toward you

Respects other cultures
(doesn't stereotype others)

Relationship with family

Relationship with peers

Relationship with other adults

Child Questionnaire

1. What is your favorite:

Color: _____ TV show: _____

Food: _____ Holiday: _____

Animal: _____ Toy: _____

2. What is your favorite thing to do outside?

3. What is your favorite thing to do inside?

4. What do you like most about school?

5. What don't you like about school?

6. If you could change one thing about yourself what would it be?

7. If you could have three wishes what would you wish for?

Child's Name: _____

Date: _____

Thank you for completing this questionnaire about your child and family. We ask these questions of all families enrolling in our program to ensure we can find the right mentor for your child and to ensure we will support your family in the most meaningful way possible. We recognize some of these questions are very personal - please be assured Big Brothers Big Sisters is here to **support** you and your child. Thank you for your honesty and time!

	Circle (Yes or No)	
Social		
1. My child has relationship(s) with adults or older youth in his/her life who serve as positive role models (e.g. coach, community member, within religious community).	Yes	No
2. My child has prosocial friends (e.g. friends who try to do well in school; participate in clubs/school orgs; are drug-free)	Yes	No
3. My child has prosocial interest(s), such as a hobby, plays a sport, or employment.	Yes	No
4. My child has an easy temperament (i.e. generally happy with a positive attitude towards new experiences; not easily upset)	Yes	No
5. My child participates in activities that provide positive connections to his/her community (e.g., community sports, Scouts, etc.).	Yes	No
6. My child has a strong connection to or identification with:	Yes	No
a. cultural/ethnic community.		
b. faith community.	Yes	No
Family		
7. As a parent/guardian I am involved and/or proactive about child's schooling (e.g., meets with teachers regularly, attends events, etc.).	Yes	No
8. The child has a positive family environment - i.e.,	Yes	No
a. At least one parent/guardian is supportive of the child and consistently spends time with the child, and is aware of what is happening with child.		
b. Caring relationship with sibling(s) (If only child, leave blank)	Yes	No
c. Low levels of family conflict.	Yes	No
Academic		
9. My child tries to do well in school.	Yes	No
10. My child has positive connections to his/her school (e.g., relationships with teachers, involvement in activities).	Yes	No

Mental Health		
1. My child often says he/she feels alone, sad, upset, cries a lot, or is unhappy.	Yes	No
2. My child has been diagnosed with a mental health issue or is currently under the care of a mental health care provider (a therapist or counselor).	Yes	No
Academics		
3. My child has a physical, emotional or mental condition that interferes with or limits his/her ability to do schoolwork at grade level (for example, ADHD, ADD or a learning disability).	Yes	No
4. My child is currently failing or at risk of failing two or more classes/subjects in school.	Yes	No
5. My child is learning English as a second language.	Yes	No

6. My child missed school often this past school year (3 or more times a month).	Yes	No
Behavior		
7. My child has run away from home in the last 12 months.	Yes	No
8. My child belongs to a gang or spends time with gang members.	Yes	No
9. My child has used or experimented with drugs, smoking, or alcohol.	Yes	No
10. My child has been suspended more than once from school in the last 12 months.	Yes	No
11. My child has been sent to juvenile hall or had contact with the police in the last 12 months.	Yes	No
12. My child often picks fights with other youth or bullies them.	Yes	No
Living Situation & Family		
13. There are gangs or illegal drugs in the neighborhood where my family lives.	Yes	No
14. In the last 12 months, my family has experienced times when we had difficulty paying our bills.	Yes	No
15. My child lives in a public housing development.	Yes	No
16. My child and family live in an unstable situation (I believe we could be evicted or asked/forced to leave).	Yes	No
17. None of the adults living in my home are currently working or employed.	Yes	No
18. The household's total combined family income last year was less than \$20,000.	Yes	No
19. One or more members of my child's family struggles with alcohol or drug use.	Yes	No
20. A significant member of my child's family (sibling, parent or other close relative) is in jail or prison or is often in trouble with police.	Yes	No
21. My child has experienced homelessness in the last five years.	Yes	No
22. In the last five years, one or more of my child's siblings (or my child him/herself) has spent time away from home because he/she was placed in foster care.	Yes	No
23. My child has seen or experienced many fights or arguments in our home in the last 12 months.	Yes	No
24. My child lives with only one parent, guardian or other adult who takes care of him/her.	Yes	No
25. My child has lost or lost contact with an important adult role model in the last 12 months (for example, a parent or other important adult died or moved out of our home).	Yes	No
26. My child has moved or changed where he or she lives two or more times in the last 12 months.	Yes	No
27. I separated or broke up with my spouse/partner in the last year (for example, started living in different places).	Yes	No
28. I did <u>not</u> complete high school (that is, I have not graduated from high school or received a GED).	Yes	No
Peer Difficulties		
29. My child has been picked on or bullied at school or in our neighborhood in the last 12 months.	Yes	No
30. My child doesn't have any close friends at school or in our neighborhood.	Yes	No

Thank you again for your time in filling out this questionnaire.