



Big Brothers Big Sisters
of Fayette County
P.O. Box 520
Connersville, IN 47331-0520

VOLUNTEER CONSENT FORM

Confidentiality Policy

In order for BBBS of Fayette County to provide a responsible and professional service to clients, it is necessary for volunteers, clients, and parents or guardians of clients to be asked to divulge personal information about themselves and their families. The agency respects the confidentiality of client and volunteer 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 to video, film, pictures, or use of client or volunteer names 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 which 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 available for review by the clients or volunteers. Clients and volunteers shall be provided at the time of application a copy of this statement on confidentiality. Clients 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 of 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 or volunteer
2. Identifying information regarding clients and volunteers may be used in agency publications or promotional materials if the client 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 outside bodies, such as, Big Brothers Big Sisters of Fayette County, may have access to client and volunteer records. These outside organizations shall be required to respect the agency policy on confidentiality. Outside parties shall be required to use information only for the purpose(s) stated in the approval action of the Board of Directors. Known violations of agency confidentiality policy will be reported to the supervisor of the individual involved and appropriate disciplinary action will be requested.
4. Members of the Board of Directors have access to client files only upon authorization by formal motion of the Board of Directors. 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 the purpose stated by the approved action of the Board of Directors. 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 its confidentiality is protected by law.
7. State law mandates that suspected child abuse be reported to the appropriate authorities (names designated state agency). All 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.

Application Certification

The facts set forth in my application for Big Brothers Big Sisters are true and complete. I understand that if my application is accepted, any false statements on this application shall be considered cause for termination from the program. Also, with the completion of this application and my signature I recognize that I am merely applying to be a volunteer for Big Brothers Big Sisters and that I nor the Big Brothers Big Sisters organization at this point is committed to providing services to a child.

Consent for the Release of Confidential Information

I hereby authorize my personal references, police/sheriff department, my insurance company, past and present employers, any other sources deemed necessary, past and present community organizations or places that I have or am currently doing volunteer work, to disclose to Big Brothers Big Sisters of Fayette County, Inc. personal background information regarding my application to become a volunteer in their program.

If I have undergone or am currently undergoing psychological therapy, I give consent for Big Brothers Big Sisters of Fayette County, Inc. to speak with the professional or agency.

Agency Name: _____

Address: _____ Phone: _____



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Insurance Certification

I hereby certify that I have at least the recommended amount of insurance coverage as listed below. I do understand that falsification of this information could jeopardize my involvement with the Big Brothers Big Sisters of Fayette County, Inc. I understand that I am responsible for my own insurance coverage.

Name of Insurance Company: _____

Agent's Name and Phone Number: _____

	Recommended	Preferred
1. Homeowners or Tenants (General Liability)	\$50,000	\$100,000
2. Automobile Liability		
a. Medical Payments (per person) plus B or C	\$2,000	
b. Bodily Injury	\$50,000	\$100,000
or		
per occurrence	\$100,000	\$500,000
c. Property damage	\$25,000	
d. Single limit of liability	\$300,000	

Media/Publication Release

- I hereby accept the invitation of Big Brothers Big Sisters of Fayette County (BBBSFC) to appear and be identified in print in any BBBSA publication or production, or grant the right to use the image of the minor child as specified below.
- I hereby grant to BBBSFC 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, televised photography and audio or video recordings.
- I hereby release BBBSFC and its affiliates from all claims, demands or liabilities and related financial costs that I may now or hereafter have arising in connection with BBBSFC's exercise of the right hereby granted, with my (or minor child's) appearance 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.

Child Abuse Verification Form

This is to verify that I have been presented with child abuse material and have participated in the BBBS of Fayette County Child Abuse program.

Interview Certification

I hereby certify that during my volunteer interview all questions will be/were answered truthfully and honestly to the best of my abilities. I further understand that falsification of any information given to Big Brothers Big Sisters of Fayette County, Inc. could jeopardize my involvement. If the interview is/was recorded in any way I consent to the release of this recording to Big Brothers Big Sisters of Fayette County, Inc. staff and do understand that my information will be kept in the strictest confidentiality.

Agreement to Protect the Confidentiality of Match Information

I agree to keep information discussed with me regarding a potential (Big Brother, Big Sisters, Little Brother, Little Sister) match confidential. I will not discuss this information with any person other than the assigned professional staff of the Big Brothers Big Sisters Agency.

Consent to Share Matching Information

I agree to allow BBBS of Fayette County to disclose summary information taken from the interview or intake to a potential match mate.

I have read and understand the above document, which states the agency policies. I agree to program participation under the conditions it sets forth. I also understand that for said persons and/or places to release the above specific information, my address, and birth date may be needed. I authorize this use and am including the needed information on this form. I further acknowledge that the information to be released was fully explained to me and this consent is given of my own free will. Specification of the date, event, or condition upon which this consent expires is one year from the date signed for completion of the application process to become a volunteer. If I am approved as a volunteer, this consent will remain in effect the entire time that I serve as a volunteer for Big Brothers Big Sisters of Fayette County, Inc.

Volunteer Signature: _____ Date: _____

Printed Name: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

*Any Photocopy of this document shall be considered legal.

Approved by Board of Directors on 9/10/2009