


Date: September 11, 2023

To: Department Directors

From: Daniella Levine Cava 
Mayor

Subject: 2023-2024 Big Brother Big Sister - School to Work Mentoring Program

I am pleased to announce that Miami-Dade County and Big Brothers Big Sisters of Miami (BBBS) is celebrating our tenth-year of partnership in the **School to Work Mentoring Program** for the 2023-24 school year. This program has been a success in providing students from Miami-Dade County Public Schools (MDCPS) with the opportunity to be mentored by the County's workforce and expose them to the varied careers in public service, while learning about the valuable work their local government delivers to the community. This is, without a doubt, a rewarding experience for County employees and students. New participating juniors and seniors (Littles) from Booker T. Washington, William Turner Technical, Miami Northwestern and Miami Jackson Senior High Schools will be welcomed by county employees (Bigs) at the various locations listed below:

- Stephen P. Clark Government Center
- Overtown Transit Village
- Main Library
- Hickman Building
- Miami-Dade Aviation Department
- Miami-Dade Police Headquarters
- Miami-Dade Fire Rescue Headquarters
- Miami-Dade Corrections and Rehabilitation
- Miami-Dade County Water and Sewer Department

For this upcoming school year, we anticipate an additional location at the Miami-Dade Seaport. The School to Work Mentoring Program is an opportunity for students from MDCPS to shadow County employees once per month, during their workday. We will continue this year's program format with both, a hybrid approach with in-person and/or virtual interactions.

The Human Resources Department will be facilitating a virtual orientation session for employees interested in becoming mentors ("Bigs") for the upcoming school year. A virtual orientation session will be held with representatives from Big Brothers and Big Sisters to provide an overview of the program and answer questions from prospective mentors. Representatives from the Human Resources Department will be available to answer questions regarding the program and continue to provide additional guidance through your Departmental Personnel Representatives (DPRs), as needed. Attached is additional information on the program, as well as the volunteer application to be completed by employees interested in becoming a mentor.

Should you have any questions, please contact Kathy L. Horton, HR Section Manager, at 305- 375-2668.

Thank you again for your continued support and participation.

Attachment

c: Honorable Chairman Oliver G. Gilbert III
and Members, Board of County Commissioners
Honorable Juan Fernandez-Barquin, Clerk of Courts and Comptroller
Honorable Pedro J. Garcia, Property Appraiser
Geri Bonzon-Keenan, County Attorney
Gerald K. Sanchez, First County Attorney
Jess M. McCarty, Executive Assistant County Attorney
Office of the Mayor Senior Staff
Felix Jimenez, Inspector General
Jose J. Arrojo, Executive Director, Commission on Ethics and Public Trust
Javier A. Betancourt, Executive Director, Citizens' Independent Transportation Trust
William Diggs, Executive Director, Miami-Dade Economic Advocacy Trust
Aileen Boucle, Executive Director, Transportation Planning Organization
Ursula Price, Executive Director, Independent Civilian Panel
Virginia Washington, Division Director, Human Resources
Department Personnel Representatives



Dear Volunteer,

Thank you for your interest in becoming a volunteer mentor with Big Brothers Big Sisters of Miami! We are grateful that you share our passion to empower Miami's youth to achieve their full potential. Please read the below information about our programs, volunteer requirements and how you can get involved.

We have four one-to-one mentoring programs through which you can volunteer:

- **Community-Based Mentoring:** Bigs are matched with a Little (5-14 years old) in a one-to-one mentoring relationship. **Bigs and Littles spend time together at least twice monthly, approximately four (4) hours each time.** Bigs coordinate timing of outings with their Littles' parent/guardian, and activities are those that both the Big and the Little enjoy, such as playing board games, visiting a museum, playing or watching sports, going fishing or any other child-safe, parent-approved activity. Activities may also take place online and include online games, virtual dance parties, taking a virtual tour of a national park or museum, discussing books, and more. Volunteers must have their own transportation and are required to provide a copy of their driver's license and a copy of insurance card.
- **School to Work:** Companies and organizations that would like to volunteer as a group recruit mentors from their pool of staff and host a group of high school students on a regular basis throughout the school year. Employee volunteers are paired with Littles in high school who either:
 - Are transported to the worksite for **four (4) hours on a monthly basis** throughout the school year. Site visits consist of a college and career readiness workshop and one-to-one time for job shadowing and mentoring.
 - Log into an online presentation **twice monthly** throughout the school year. Presentations, also watched by the Bigs, set the foundation for Bigs and Littles to complete a post-secondary success project together. For example, if a presentation is on elevator pitches, the Big and Little will draft and practice an elevator pitch for the Little

Students gain valuable exposure to workplace practices, as well as career and scholarship opportunities.

- **Bigs in Schools/Sites:** Volunteers are matched with a child at a designated elementary school and meet for approximately **an hour each week** throughout the school year. Visits take place at school or at the Little's after-school program. Alternatively, visits may take place online, with Bigs and Littles connecting via Zoom. Activities may include playing educational games, reading together, talking about life or any other activity that is available at the program site. For in-person programming, Bigs and Littles are required to stay at the designated program site, either the Little's school or after-school program, and may not leave site grounds for any reason.
- **Take Stock in Children:** Volunteers are matched with a student at a nearby middle or high school and mentor them at school **at least twice monthly (ideally weekly)**. Students have been awarded a college scholarship, and mentoring serves to empower students to get on track and stay on track for an on-time high school graduation and enrollment in an institution of higher education. Activities include discussing ways to be successful in school and in the workplace, taking about life goals and/or completing activities from our Mentor Toolkit. *To mentor through the Take Stock in Children program, call (786) 860-5516 or email TSICMentors@bbbsmiami.org.*

We require that all mentors:

- **Commit to volunteering for at least one calendar year.** Research shows that the impact of mentoring takes place at the 12-month mark of a relationship. Additionally, the longer a mentoring relationship lasts, the longer the impact on the mentee. Keep in mind that research shows that mentoring relationships that last fewer than six months can have a negative impact on youth. *Therefore, we ask you to seriously consider your ability to make the commitment.*
- **Live or work in Miami-Dade County.** Volunteers who live in Broward County are encouraged to participate with Big Brothers Big Sisters of Broward County. However, if you prefer to volunteer with the Miami agency, you must be willing to commute to Miami to meet with your mentee.
- **Complete the enrollment process.** This includes:
 - Completing a volunteer application.
 - *Volunteers participating in the **Community-Based Mentoring** program must include their driver's license and insurance information, as well as copies of each, on the application.*
 - Agreeing to a national Level II background check.
 - Providing personal references.
 - Setting aside two (2) hours for an interview and training/orientation session with program staff.
 - *Volunteers participating in the **School to Work** program should confirm with their employer that their workplace is a partner site.*
 - *Volunteers participating in the **Bigs in Schools/Sites** programs should review the list of participating schools and the days/times they accept volunteer visitors.*

We look forward to providing you with a positive and impactful volunteer experience! Please feel free to contact us at (305) 644-0066 if you have any additional questions.

Sincerely,

BBBS Miami Program Staff



VOLUNTEER APPLICATION



Thank you for your interest in becoming a volunteer mentor. Please submit completed application via email to **volunteer@bbbsmiami.org**, hand deliver, or mail to **550 NW 42nd Avenue, Miami, FL 33126**.

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, if you plan to transport a child within the community-based program. All applications will be given equal consideration regardless of race, age, sex, disability, marital status, sexual orientation, gender identity, religion or national origin.

GENERAL INFORMATION

First Name:		Middle Name:		Last Name:	
Personal Pronouns: Examples include: she/her, he/him, they/them, xe/xem, ve/ver			Preferred Name:		
Home Phone #:	Work Phone #:	Cell Phone #:		Is it okay to text you? <input type="checkbox"/> Yes <input type="checkbox"/> No Cell phone Provider:	
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:		Gender/Gender Identity:		Marital Status:	
Date of Birth:				If applicable, maiden name:	

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VOLUNTEER APPLICATION



Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			<input type="checkbox"/> Write in _____ <input type="checkbox"/> Multi-race (check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Write in _____		
Languages Spoken: Nationality/Country of Origin: Tribal Affiliation:					
Occupation:		Emergency Contact:			
Employer:		Length of Employment:		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
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		Do you have valid insurance that meets or exceeds state required minimum? <input type="checkbox"/> Yes <input type="checkbox"/> No
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1. Have you previously applied to be or served as a Big Brother or Big Sister with any agency in the past?
 Yes **No**
 If yes, when and where?

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

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

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

5. 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:

Carnival Center for Excellence
 550 NW 42nd Avenue, Miami, FL 33126
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1. Your spouse or domestic partner (i.e., if you live with a significant other/partner) OR a close family member who has known you at least three years, 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.

Reference Name:		Relationship to Applicant:	
Address:		City:	State: Zip:
Day Phone #:	Cell #:	Email:	
Reference Name:		Relationship to Applicant:	
Address:		City:	State: Zip:
Day Phone #:	Cell #:	Email:	
Reference Name:		Relationship to Applicant:	
Address:		City:	State: Zip:
Day Phone #:	Cell #:	Email:	
Reference Name:		Relationship to Applicant:	
Address:		City:	State: Zip:
Day Phone #:	Cell #:	Email:	
Reference Name:		Relationship to Applicant:	
Address:		City:	State: Zip:
Day Phone #:	Cell #:	Email:	

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Reference Name:		Relationship to Applicant:	
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:			

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Reason for leaving:

I CONSENT TO AND UNDERSTAND THAT:

- 1) The references and youth serving-organization I listed may be contacted by mail, telephone, email, or in-person;
- 2) The information I provided may 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.
 - a. I understand that detailed accounts of child abuse or neglect, past or present, will be reported to proper authorities;
 - b. 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*);
- 8) 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.*).
- 9) I agree to complete questionnaires throughout my time in the program to evaluate and improve program services;
- 10) I agree to timely communication and follow-up with all agency staff as required by the agency.

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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, accurate, 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 in 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 matters. I understand that BBBS staff needs to be fully informed to provide the best guidance or support possible.

Volunteer Printed Name: _____

Signature: _____ **Date:** _____



VOLUNTEER APPLICATION



Document Overview

Prior to your in-person interview, we would like you to complete the sections below. Parents/Guardians of youth in our programs often ask us questions about someone with whom their child will be matched; we will release information to a parent/guardian only with your expressed permission. The information you provide in this document will also help us make the best possible match for you and assure that we can support you throughout your time as a Big Brothers Big Sisters of Miami (BBBS Miami) volunteer.

Full Name

Date

Consent to Release Information

I hereby authorize BBBS Miami to secure any information staff deem necessary from law enforcement agencies; medical, psychiatric and psychological professionals; current and past employers; educational institutions; social contacts and any other sources to evaluate my potential as a Big Brother/Big Sister. As fully set forth in the Confidentiality Policy, I understand that this information is confidential.

Signature

Printed Name

Date of Birth

Talent Release

Note: Signing this Talent Release does not mean that you, your name, your likeness or your voice will appear in any publicity photos, videos, news reports, articles or similar places. However, because some BBBS Miami events are covered by the media or recorded or videotaped, we must have all volunteers and parents/guardians sign this for your protection and ours. If, for some reason, you are unable to sign the Talent Release, talk to a BBBS Miami staff member.

I, _____, agree to permit BBBS Miami to take, use, release or reproduce my name, my likeness, my voice and/or any other information identifying me, whether by photograph, videotape, audiotape, film or by any like means for any purpose that furthers the mission and goals of BBBS Miami. I further agree to permit BBBS Miami to authorize any designee,

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assignee, nominee, successor, affiliate or related entity to take, use, release or reproduce my name, my likeness, my voice or any other information identifying me, whether by photograph, videotape, audiotape, film or by any like means for any purpose that furthers the mission and goals of BBBS Miami.

I expressly release and hold harmless BBBS Miami, any designee, assignee, nominee, successor, affiliate or related entity from any and all claims, causes of action or liability arising from or related in any manner to the taking, use, release or reproduction of my name, my likeness, my voice or any other information identifying me.

Signature

Date

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Confidentiality Policy

In order for Big Brothers Big Sisters of Miami, Inc., (the "Agency") to provide a responsible and professional service to clients, it is necessary for volunteers, clients and parents/guardians to divulge extensive personal information about themselves and their families. Additionally, the Agency collects information from outside sources, including confidential references, which become part of client, parent/guardian, or volunteer files. All records are the property of the Agency and are not property of any Agency employee, client, parent/guardian, or volunteer. Therefore, records are not available for review by clients, parents/guardians, or volunteers. The Agency respects the confidentiality of clients and volunteers and, with the exception of the situations listed below, shares collected information only among Agency staff who need to know the information to responsibly complete their job duties.

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 (i) the client's parent/guardian when the information requested relates to the client, or (ii) the volunteer when the information requested relates to the 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 organizations, such as Big Brothers Big Sisters of America, may have access to client and volunteer records. These outside organizations shall be required to respect the Agency's Confidentiality Policy. Outside parties shall use such information only for the purpose(s) approved by the Board of Directors. Known violations of Agency's Confidentiality Policy will be reported to the supervisor of the individual involved, or to the President, and appropriate disciplinary action shall be taken.
4. Members of the Board of Directors have access to client files for various reasons, including (i) program evaluation, audit and case planning, (ii) under circumstances that may adversely impact the Agency to evaluate the impact and the Agency's response, and (iii) at the discretion of the Executive Committee of the Board of Directors and/or the Agency's Management Team.
5. Information shall be provided to (i) Agency legal counsel or any counsel selected by the Agency and/or (ii) the Agency's insurance carrier in the event of litigation or potential litigation or at the discretion of the President and CEO or the Executive Committee of the Board of Directors for any matter involving the Agency. Such information provided to legal counsel is privileged information, and its confidentiality is protected by law.

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6. Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.
7. During the pre-matching process, information about the client and parent/guardian will be shared with the potential volunteer, and vice-versa. After a match has been created, information about the matched volunteer will be shared with the client and parent/guardian, and vice-versa.
8. State law mandates that suspected child abuse be reported to the Florida Department of Children & Families. Agency workers shall comply with mandated procedures.
9. If an Agency worker receives information indicating that a client or volunteer may be dangerous to himself/herself or to others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or a report to the local law enforcement authorities.

Signature

Printed Name

Date

Statement of Understanding

BBBS Miami is committed to providing positive guidance and support to the youth we serve. Because of the impactful and significant friendship our volunteers usually establish with program participants, we wish to stress the importance of our volunteers' reliable and consistent participation in the program and ongoing communication with BBBS Miami staff during all phases of program involvement. Therefore, we require volunteers to agree to the following:

1. I agree to reliable and consistent participation in the program.
2. I agree to maintain ongoing communication with BBBS Miami staff – including returning phone calls, e-mails, text messages and other attempts to contact – during all phases of my involvement with the program.

Are you willing to follow these guidelines? Yes No

VOLUNTEER PRE-INTERVIEW QUESTIONNAIRE

Prior to your in-person interview, please answer the questions below. The information you provide will also help us make a better match for you and assure we can support you during your

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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.**

Name: _____

1. Do you have any concerns about your ability to fulfill the Big Brothers Big Sisters of Miami commitment required of mentors?
 Yes **No**
2. Do you anticipate any significant life changes over the next year or have you had any this past year?
 Yes **No**

Please describe:

3. Have you ever been accused, arrested, charged, or convicted of a crime?
 Yes **No**
Please describe:

4. Have you had any driving citations and/or moving violations in the past five years?
 Yes **No**
Please describe:

5. Do you have guns, ammunition, or other weapons in your house?
 Yes **No**
Please describe:

6. What languages do you speak fluently?

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

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8. Please provide the name, age, and relationship to you for anyone else residing in your home.

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

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

Printed Name: _____

Signature

Date



VOLUNTEER APPLICATION



CONSENT AND RELEASE FORM

I, _____, irrevocably consent to any and all uses and displays of my name, image, likeness, appearance, basic biographical information, audio/video recordings, writings, artwork, and the like, in original form or in modified form, in whole or in part, in, on, or in connection with merchandise, advertising, publicity, marketing, fundraising, and the like, in printed or electronic media, of any type, throughout the world at any time by Big Brothers Big Sisters of America and Big Brothers Big Sisters of Miami in their sole discretion, and by any of their affiliates, successors, partners, sponsors, donors, any entities or persons with whom they conduct any public relations, marketing, or fund raising of any type, and any other authorized third parties, without further consent from me, without any royalty, payment, or other compensation to me, and with the release and waiver of any claims, actions, damages, losses, costs, expenses and liability of any kind arising from any such use (the "Released Material").

In consideration of the mutual promises made herein, and for other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I hereby grant to BBBSA and its affiliates the right to use the Released Material as BBBSA and/or its affiliates may desire, in all media now existing or hereafter created and in all variations and forms including, but not limited to, internal or external publications or productions, informational or recruitment materials, marketing materials, fundraising materials, televised photography and/or recordings, advertisements, Public Service Announcements, and/or online and social media sites. The use of this information shall be at the sole discretion of BBBSA and/or its affiliates.

I further grant to BBBSA and its affiliates the absolute right to use the Released Material in whole or in part, alone or in conjunction with any other image, name, writings or reproduction, in color or otherwise, for art, advertising, business, trade, or any other lawful purpose whatsoever, in perpetuity throughout the world.

I understand and agree that all materials created by BBBSA and/or its affiliates that use the Released Materials are the property of and are owned by BBBSA, and that I cannot authorize their use by any other party. I further understand that BBBSA may authorize their use by a third party. I hereby irrevocably transfer and assign to BBBSA my entire right, title and interest, if any, in and to the Released Materials and all copyrights in the Released Materials arising in any jurisdiction throughout the world, including the right to register and sue to enforce such copyrights against infringers.

I acknowledge and agree that I have no right to review or approve the Released Materials before they are used by BBBSA and/or its affiliates, and that BBBSA has no liability to me for any editing or alteration of the Released Materials or for any distortion or other effects resulting from BBBSA's and/or its affiliates' editing, alteration or use of the Released Materials. BBBSA has no obligation to use the Released Materials or to exercise any rights given by this Consent and Release Form.

I hereby release BBBSA and its affiliates, employees, and agents, as well as any partner companies, from all claims, demands or liabilities and related financial costs that I may now or hereafter have arising in connection with BBBSA's exercise of the rights hereby granted, and/or with the appearance or the Released Materials in any publication or

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production. These include, without limitation, claims for compensation, defamation, or invasion of privacy, or other infringements or violations of personal or property rights of any sort whatsoever.

I have read this Consent and Release Form completely. I fully understand what it means, and I agree to its terms. I have not been offered any additional consideration or enticement, nor have I been coerced to sign this document. I am voluntarily signing it for the purposes and considerations described.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

ADDRESS: _____ CITY: STATE: ZIP: _____

TELEPHONE: _____ EMAIL ADDRESS: _____

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Fax: (305) 982-8085
E-mail: volunteer@bbbsmiami.org



THE "BIG" GIVEBACK PROGRAM

The BIG Giveback Program is designed for Big Brothers and Big Sisters to give back to Big Brothers Big Sisters of Miami! When you support BBBS, your contributions will create sustainable matches and assist with administrative and processing costs.

BIGS CARE...Join the BIG Giveback Movement and change a life forever.

You can make a contribution in one of the following ways:

- I would like to give \$50 to help with the cost of my background check.
- I would like to give \$100 to help with my background check and administrative/processing costs.
- I would like to become a sustainable Match Maker with a monthly gift of \$19.95
- No thank you. I am excited about being a volunteer.

Big Brothers Big Sisters of Miami is a tax-exempt 501(c)(3) charitable organization.

CHECK INFORMATION

Check Number: _____

Check Amount: \$ _____

Please make checks payable to: Big Brothers Big Sisters

CREDIT CARD INFORMATION

Credit Card Number: _____

Expiration: _____/_____/_____ CVV2: _____

BILLING INFORMATION

Name as printed on Credit Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ - _____ Email: _____

Signature: _____

Signature (Handwritten or Digital Only)

You can also make this contribution online on our secure website at www.bbbsmiami.org or click if using this form electronically. Please designate your contribution as **APPLICATION** in the comments section.

Received by: _____

BBBS Staff Name

BBBS Staff Signature

Big Brothers Big Sisters Association of Florida

The American Heart Association Chain of Survival






EARLY Access
 EARLY CPR
 EARLY Defibrillation
 EARLY AdvancedCare

Remember, it takes only one person to start the chain and increase the person's chance of survival. You can be that person to make a difference.

CPR	Adult and Older Child	Child (1-8 years old)	Infant (less than 1 year old)
Victim is unresponsive	Phone 911	Give two minutes of CPR, then phone 911	Give two minutes of CPR, then phone 911
Open the airway using the head tilt, chin lift	Same	Same	Same
Check for breathing - look, listen and feel for 5-10 seconds	Same	Same	Same
Initial 2 breaths, watch for chest rise	2 breaths, 1 second each	2 breaths, 1 second each	2 breaths, 1 second each
If no circulation, provide chest compressions	Find the center of the chest (using the nipple line), place the heel of one hand on the sternum with the other hand on top, provide 30 compressions, at least 1.5 to 2 inches deep	Find the center of the chest (using the nipple line), use 1 or 2 hands providing 30 compressions 1/3 to 1/2 inch deep	Place index finger on sternum at nipple line, using next two fingers, provide 30 compressions 1/3 to 1/2 inch deep
Compression Rate (timed for one minute if only doing compressions)	100	100	100
Compression to Ventilation Rate	30:2	30:2	30:2
To Relieve Choking	Abdominal Thrusts (Heimlich Maneuver)	Abdominal Thrusts (Heimlich Maneuver)	Back slaps and chest thrusts

AED Use	Adult and Older Child	Child (1-8 years old)	Infant (< 1 year old)
Turn the power on (or open the case)	Use AED as soon as it arrives	Use AED after 5 sets of 30 compressions and 2 breaths	Not recommended for use on infants under one year of age.
Attach pad to the victim's bare chest	Use Adult Pads	Use Child Pads	
Allow the AED to check the heart rhythm	Clear and Analyze	Clear and Analyze	
Push the shock button if prompted by the AED	Clear and Shock	Clear and Shock	
Time from arrival of AED to first shock	Less than 90 seconds		

Performing Adult CPR with an Automatic External Defibrillator

	<p>Determine unresponsiveness. If unresponsive...</p> <ul style="list-style-type: none"> • If you are alone, phone 911, get the AED, and return to the victim. • If you are not alone, scream for help, direct someone to call 911, and direct another to get the AED.
	<p>A- Open the Airway with the head tilt - chin lift</p> <p>B - Check for Breathing/Movement- Place your face, cheek-side down next to the victim's face. Your eyes should be looking towards the victim's chest.</p> <ul style="list-style-type: none"> • Look to see if the chest rises • Listen for air movement • Feel for breaths on your cheek <p>If the victim is not breathing, provide quick breaths (about 1 second each)</p> <ul style="list-style-type: none"> • Be sure the chest rises with each breath • If the chest does not rise, reopen airway and try again
	<p>C- Circulation - Remove clothing from the front of the chest and perform chest compressions</p> <ul style="list-style-type: none"> • Compress lower half of the sternum at the nipple line 1.5 to 2 inches • Compress at a rate of about 100 times per minute • Give 30 compressions to two rescue breaths • After five cycles or about two minutes, check for signs of circulation
	<p>D - Defibrillate - When the AED is brought to the site, Power on the AED</p>
	<p>Attach the AED pads to the victim's bare chest. Follow electrode diagram for placement location.</p>
	<p>Follow AED instructions - " Clear" victim while the AED checks rhythm. If a shockable rhythm - " Clear" victim and push the shock butt on if the AED tells you to. Be certain to do a visual inspect ion around the victim to make certain all bystanders are clear before pressing the shock button.</p> <p>If no shock advised by the AED, continue CPR until rescue personnel arrive. If victim has a pulse and is breathing, place in the recovery position and leave electrodes in place.</p>

Big Brothers Big Sisters of Miami

ATTESTATION OF RECEIPT OF CPR/FIRST AID PAMPHLET

I _____, hereby attest that I have received and read, the copy of the
Print Volunteer Name

CPR/First Aid Pamphlet.

X

Volunteer Signature

Date: _____



PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

Employee/Contractor Name (Printed)

Employee/Contractor Signature

Date



Florida Department of Law Enforcement
Criminal Justice Information Services Division/User Services Bureau



VECHS WAIVER AGREEMENT AND STATEMENT
Volunteer & Employee Criminal History System (VECHS)
for Criminal History Record Checks
under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

Big Brothers Big Sisters of Miami

I hereby authorize *(enter Name of Qualified Entity)* _____ to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

(Name and Address of Previous Qualified Entity) (Year of Request)

have OR have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I do OR do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: _____

Address: _____

Telephone: _____ Fax: _____

FDLE Assigned Qualified Entity Number: _____

**ORIGINAL -MUST BE RETAINED BY QUALIFIED ENTITY
COPY- SEND TO FDLE WITH FINGERPRINT CARD**

VOLUNTEER EXPECTATIONS

School to Work

Mentoring Activities

I understand that as a School to Work volunteer, I am expected to meet with my Little at my workplace or online during all scheduled site visits for at least two (2) school years.

I will communicate with my Little by phone, e-mail and mail between site visits, during school breaks and **at least twice per month during the summer.**

I understand that I must communicate with my dedicated Program Specialist by providing a written update after each meeting with my Little. I will also meet in person or promptly respond to phone, text or e-mail contacts from BBBS Miami staff.

I understand that during site visits at my workplace, my Little's parent/guardian, my Little's school and BBBS Miami are entrusting to me the safety and supervision of my Little. **I will not leave my Little unsupervised or with someone else.** I understand that I must accompany my Little at all times when my Little is at my workplace.

I understand that **all meetings with my Little must take place at my workplace during scheduled site visits and in the designated areas** as explained to me by BBBS Miami staff. I understand that my Little and I are not allowed to leave the premises of my workplace during a site visit. I understand that I may contact my Little by phone, text, e-mail or mail but that **meetings off worksite grounds or outside of scheduled visits are not allowed** without prior approval from both BBBS Miami and my Little's parent/guardian. I understand that this approval may be withheld by BBBS Miami and/or my Little's parent/guardian for any reason. I understand I may be asked to fulfill additional screening requirements before BBBS Miami gives this approval. I understand that **I am not authorized to transport my Little** until both BBBS Miami and my Little's parent/guardian give approval.

Boundaries

I will not touch my Little in any way that is inappropriate or makes them uncomfortable. I understand that certain types of physical contact such as wrestling, tickling, backrubs, pinching, patting or asking a child to sit on adult's lap are more likely to violate a child's personal boundaries and **are prohibited.** I understand that youth in the BBBS Miami program have been educated regarding appropriate types of touch and how to reinforce personal boundaries. I understand that I must not involve my Little in any activity with which my Little, their parent/guardian, or BBBS Miami or school staff are uncomfortable.

I understand that **use of alcohol and/or illegal drugs of any kind is strictly prohibited** prior to and during match visits. I understand that **tobacco products must also not be used** during match visits.

CHILD SAFETY VERIFICATION

Big Brothers Big Sisters of Miami (BBBS Miami) prioritizes child safety over everything else. I, therefore, agree to do the same as a volunteer with the Agency.

I have received the orientation materials that cover the following topics and discussed them with BBBS Miami staff.

- General information about BBBS Miami, its goals and its programs
- Information about the volunteer enrollment process
- Information about my point of contact within BBBS Miami
- The commitment of being a Big Brother/Big Sister (*what BBBS Miami and my Little expect from me*)
- Specific guidelines about my role as a Big in the program through which I will be matched
- What I can expect as a Big (*what I can expect from BBBS Miami*)
- Goals for mentoring relationships
- Stages of mentoring relationship development
- Child safety guidelines and procedures, including how BBBS Miami promotes child safety
- Mandated reporting requirements
 - *By initialing here, I indicate that **I understand my role as a mandatory reporter:** _____*
- Match closure

Initial next to each statement below to indicate your agreement with each:

_____ I understand that child safety is a top priority of BBBS Miami.

_____ I understand that BBBS Miami provides important safety training for all participating youth and their parents/guardians.

_____ If paired with a child, **I agree to play an essential role in maintaining a safe environment** when I am with my Little.

_____ I am prepared to comply with all BBBS Miami ground rules.

By signing below, I agree to be an active part of maintaining child safety in compliance with BBBS Miami child safety ground rules.

Signature

Date

Print Name

BBBS Miami Staff



Volunteer Expectations School to Work

Confidentiality and Social Networking

I understand that **I must maintain as confidential all information shared with me** about my Little and my Little’s family, except to discuss with BBBS Miami staff and/or appropriate authorities.

I understand that I am not to publish or share photos (digital or print) or videos of my Little without my Little’s parent/guardian’s expressed consent. I understand that my Little should never be identified by name in any photo or video.

I understand that I should not chat with, associate, link with or “friend” my Little in any social networking or other internet site without the permission of my BBBS Miami Program Specialist.

I understand that I should not chat with, associate, link with or “friend” my Little in any social networking or other internet site where youth-inappropriate material or language may be viewed by my Little.

Safety

I agree to immediately report to a BBBS Miami staff member any concerns that I have about my Little’s safety.

General Standard

I understand that I should use good sense during all mentoring sessions and when communicating with my Little. I understand that my behavior must be within the parameters of acceptable community standards. I must not engage in any activity that may have a negative effect on my Little. If I am in doubt about the appropriateness of an activity, I will consult with my dedicated Program Specialist and my Little’s parent/guardian. I understand that BBBS Miami has informed both my Little and their parent/guardian regarding the child safety guidelines to be followed.

By signing below, I indicate that I have read, I understand, and I agree to the above guidelines.

Signature

Date

Print Name



Volunteer Name: _____

Who Mentored You?

Think about mentors you have had in your past and what you may have learned/gained from having them in your life.

Mentor(s)

What I learned / gained from him/her

Roles of a Mentor

Caring

Guide

Listener

Strict

Role Model

Creative

Fun

Santa Claus

Problem-Solver

Confidant

Honest

Consistent

Coach

Boss

Responsible

Referee

Reliable

Teacher

Friend

Spiritual Advisor

Provider

Trustworthy

Non-judgmental

Disciplinarian



What If...

Please choose true or false for each scenario:

1. _____ You want to treat your Little for doing a good job during the site visit and feel the best way is to take her to eat at the McDonald's across the street.
2. _____ Your Little says he has to tell you a secret that he doesn't want you to share with anyone else. You tell your Little that he can tell you anything because his secret is safe with you.
3. _____ You should expect your Little to say thank you at the end of the site visits.
4. _____ You can't be at the next site visit so the best thing to do is to let the Carnival Foundation know so that they can assist you in finding a sub-mentor for your Little that day.
5. _____ Your Little's family changed their phone number and gave you the new one. You should then call the Carnival Foundation and give them the updated number.
6. _____ You Little made the championship game with his football team and invites you to come watch because it would mean a lot to him. You figure it's Ok because his mom will be there and you let your company's STW coordinator know about it.
7. _____ Your Little remains very quiet during the site visits and hardly engages in conversation with you. You begin to feel like she doesn't like coming and that you're not making a difference so you feel the best to do is to stop trying to connect with her and consider closing the match.

Volunteer Signature: _____

Date: _____