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CONSENT FOR SERVICES & RELEASE OF INFORMATION COMMUNITY-BASED MENTORING

VOLUNTEER

- I/we _____, a Volunteer understand and agree with the purpose of Big Brothers Big Sisters of Nevada County (BBBSNC).
- I/we understand that throughout the entire screening and matching process, BBBSNC has the child's best interest in mind, and will always make decisions based on what's best for the child.
- I/we agree to release to BBBSNC significant information relating to myself as needed, including information pertaining to my physical and mental health. In accordance with BBBS confidentiality policy, I agree to allow for open needs-to-know communication between BBBS agencies and BBBSA, related to child safety issues and law enforcement up on subpoena.
- I/we agree to complete the "Strength of Relationship" surveys provided by BBBSNC for reporting purposes and in order to ensure my continued participation in the BBBSNC mentoring program.
- I/we further consent to and authorize the reproduction and use by BBBSNC, or anyone authorized by same, of any or all negatives, positives, slides, videos or media for any purpose what so ever without compensation to me. Any or all of the aforementioned shall constitute the exclusive property of BBBSNC.
- I/we do, for the child and for ourselves, hereby release and agree not to sue BBBSNC or any affiliated persons on any and all claims for liability and injuries while participating in any mentoring event or activities sponsored by or associated with BBBSNC.
- I/we do understand that I/we will be working with a child who may share personal information about themselves and/or family that must remain confidential and not shared with **anyone** outside of BBBSNC. However, I/we will share with BBBSNC Community Program Manager any concerns that I/we have about questionable or troublesome information that is heard from the child. I/we understand that any information that might lead to suspect child abuse must be reported immediately to the BBBSNC.

I do/ do not have a weapons/firearms present in my home.

Where are they stored? _____

Where is the ammunition stored? _____

I agree to keep any weapons and ammunition inaccessible to the child assigned to me by BBBS of Nevada County while he/she is in my custody. I attest to the fact that any weapons, firearms or ammunition in my home is licensed, permitted, registered and handled in accordance with all applicable state and federal laws.

Volunteer Signature(s): _____ Date: _____

Case Manager Signature: _____ Date: _____