



Volunteer Rules and Responsibilities

Big Brothers Big Sisters of Metro Milwaukee focuses on ensuring child safety, supporting Bigs and Littles in forming long lasting, positive relationships and helping youth reach positive outcomes. Please initial the following statements to indicate you are aware of your responsibility, as a Big, to uphold the policies of Big Brothers Big Sisters of Metro Milwaukee.

SAFETY

- _____ **OVERNIGHT POLICY** - I understand **Big Brothers Big Sisters (BBBS) does not allow overnight match activities.** Violation of this rule will result in the closure of my match.
- _____ **MANDATED REPORTING** - BBBS staff are mandated reporters and are required by law to report any signs of child abuse or neglect. **I must contact my Match Support Specialist (MSS) or the BBBS Emergency Line immediately if I have concerns about the safety of my Little or someone in my Little's family.**
- _____ **SUPERVISION** - I understand I must supervise my Little at all times. I will never leave my Little unattended or with any other person during our outings. I understand BBBS requires an adult (someone 18 or older) to be present when I pick up and drop off my Little.
- _____ **APPROPRIATE BEHAVIOR** - I understand BBBS has a zero tolerance policy for illegal drug use. I understand smoking or consuming alcohol is **STRICTLY PROHIBITED** before and/or during outings with my Little. I will always use appropriate language and model appropriate behavior when spending time with my Little.
- _____ **SAFE ACTIVITIES** - I will always choose safe and age-appropriate match activities. My Little and I will wear appropriate safety gear for activities such as biking, swimming or boating.
- _____ **TRANSPORTING YOUTH**
- _____ I understand BBBS follows Wisconsin laws and recommendations that **children ages 4-7 must sit in the backseat in a booster seat, and all children must sit in the backseat until age 13.** Seatbelts are required at all times for both my Little and me. *(Contact your MSS if you have questions or need to borrow a booster seat from BBBS.)*
- _____ I am the only person authorized to transport my Little unless approved in advance by my MSS and my Little's caregiver.
- _____ BBBS policy prohibits the use of a cell phone when driving a Little. **I will pull over and safely stop the vehicle before using my cell phone.**
- _____ I will maintain liability auto insurance coverage as recommended by the State of Wisconsin (50/100/15). I will immediately notify my MSS if my driving privileges or auto insurance coverage changes.
- _____ **BACKGROUND CHECK** - I understand annual background checks, including electronic media, driving records check and criminal background screening will be conducted by BBBS. **I will contact my MSS immediately if I have ANY CONTACT with law enforcement** including, but not limited to, receiving a citation or being arrested for a DUI, disorderly conduct, domestic violence or battery.
- _____ **FIREARMS AND WEAPONS** - I agree to never carry or possess a weapon at any time on my person or in my vehicle while in the company of a youth in BBBS. **Hunting or shooting a firearm is not an approved BBBS match activity.** If I own a weapon(s), I will keep all weapons locked and inaccessible to a youth in BBBS. I will notify BBBS immediately if I obtain a weapon during the time I am involved in the BBBS program.
- _____ **BBBS MEMBERSHIP/EMERGENCY CARD** - I understand this card provides emergency contact, doctor and allergy information for my Little. I will ensure the information is up-to-date and carry this card with me during each outing with my Little.



MATCH SUPPORT

- _____ **MATCH SUPPORT CONTACT** - I understand BBBS requires me to be in contact with my MSS at least every 30 days during the first year of my match and at a minimum every 90 days thereafter. Keeping in touch with my MSS is not only a requirement, but also a resource BBBS provides to help support my match. I understand lack of communication with my MSS will result in my match being closed.
- _____ **CONCERNS** - If I have concerns or a problem arises in my match relationship I will contact my MSS immediately.
- _____ **GOAL SETTING** - I will work with my Little, my Little's caregiver and my MSS to set goals for my Little related to achieving educational success, avoidance of risky behaviors, higher aspirations, greater confidence and better relationships.
- _____ **UPDATES/CHANGES** - I will contact my MSS promptly regarding any change in address or phone number for my Little or me. I will also contact my MSS if changes arise in my life such as marriage, divorce, name change, children, serious illness or living situation (ex: new roommate).
- _____ **CLOSURE** - I agree to communicate with my MSS if changes in my life or concerns about my match relationship arise. My MSS will provide support, problem solving and coaching. Ultimately, if my match relationship has to end through BBBS, I will actively participate in the closure process recommended by my MSS. Steps to Match Closure are outlined on page 20 of the Volunteer Training Handbook I will receive at Volunteer Pre-Match Training.

FRIENDSHIP

- _____ **COMMITMENT AND CONSISTENCY** - I understand I am expected to spend time with my Little 3 to 4 times per month. It is my responsibility to ensure weekly contact is made. I understand BBBS encourages long-lasting relationships and matches can remain open until my Little turns 18 or graduates high school.
- _____ **FREQUENCY OF OUTINGS** - I will spend time with my Little 3 to 4 times per month for approximately 2 to 4 hours per outing. I will obtain approval from my MSS and my Little's caregiver if I plan to have more than 2 outings with my Little in one week's time or we plan to have an outing exceed 6 hours.
- _____ **ONE-TO-ONE** - I understand the focus of the BBBS program is one-on-one time with my Little. I will obtain permission from my Little and my Little's caregiver on the rare occasion of including others on our outings. I understand that I assume responsibility and liability for any other person who is not enrolled in BBBS and participates in our outing.
- _____ **COMMUNICATION WITH LITTLE** - I will be in regular communication with my Little, especially if a week goes by that I am unable to meet with my Little in-person. I will discuss with my Little's caregiver if my Little and I choose to communicate by phone, email or text messaging.
- _____ **RESPECT** - I understand my Little and I may come from different backgrounds. I will be open-minded and non-judgmental regarding my Little and my Little's family. I will contact my MSS with any questions or concerns. I will show respect at all times for my Little and his or her family.
- _____ **FAMILY CONFIDENTIALITY** - I understand I will learn personal information about my Little. I will not share identifying or personal information about my Little or my Little's family with others.
- _____ **MATCH CONFIDENTIALITY** - I understand trust between my Little and me is very important. I will maintain my Little's confidentiality unless it pertains to my Little's safety. I will contact my MSS with any questions or concerns.

BOUNDARIES

- _____ **PERSONAL SPACE** - I understand physical contact including, but not limited to, backrubs, sitting on laps, wrestling, rough housing or tickling is not allowed. Affection is best expressed through positive affirming comments. Physical affection may be expressed using a handshake, high-five, pat on the back or hug. I will only express physical affection after obtaining my Little's permission.



- _____ **INAPPROPRIATE MATERIAL** - I will never display inappropriate materials or initiate discussions of a sexual nature with my Little.
- _____ **PHOTOS** - My Little's caregiver has the right to view any photos I take of my Little. I will never photograph my Little in his/her bathing suit, undergarments, or without clothing.
- _____ **PRIVATE RESTROOMS/CHANGING AREAS** - **I will always provide separate/private areas for my Little to use the restroom and/or change clothes.** I understand bathing my Little, showering or nude swimming with my Little is not permitted.
- _____ **DISCIPLINE** - **I will never use physical contact or abusive language to correct my Little's behavior.** If my Little misbehaves during an outing, I can state expectations for behavior and verbally address behavior concerns. If my Little does not respond, I will take my Little home and inform my Little's caregiver and my MSS of the situation.
- _____ **ACTIVITIES AT VOLUNTEER'S HOME**
 - _____ **3 MONTH WAITING PERIOD**- **My Little and I are not allowed to visit my home during the first 3 months of our match.** Once we have been matched for at least 3 months and if I wish to have an activity at my home, I must obtain approval from my MSS and my Little's caregiver. I will contact my MSS if I need activity ideas in the community.
 - _____ **APPROPRIATE ROOMS** - **I understand that my Little should never enter my bedroom or any other bedrooms in my home.** Appropriate areas for activities are kitchen, living room or other common areas.
- _____ **LOW/NO-COST ACTIVITIES** - I understand I am encouraged to do activities at a nominal cost, but I should expect to spend some money while in the program. My Little's family might not be able to contribute money, so I will keep this in mind when planning our activities. BBBS provides staff planned and facilitated REACH activities for my match.
- _____ **GIFT GIVING** - I understand gift giving should be limited to special occasions such as a birthday, holiday, special event or recognition of my Little's achievement. **I will receive prior approval from my Little's caregiver and will limit the amount of a gift or special activity to \$50 or less.** Gifts should never be purchased and kept at my home without the permission of my Little's caregiver and my MSS.
- _____ **FINANCIAL ASSISTANCE/DONATIONS** - I am not expected to provide funds, run errands or serve as a resource for my Little's family. BBBS discourages me from donating money, tuition, rent, furniture, clothing, or any professional services to my Little's family. I understand any donation must be discussed with and approved in advance by my MSS.
- _____ **COMMUNICATION/RELATIONSHIP WITH CAREGIVER** - I understand it is important to have a healthy relationship with my Little's caregiver. **I will discuss and obtain permission from my Little's caregiver for each match activity.** I will keep conversations focused around our match, my Little's well-being, educational success, and progress toward goals. If my Little's caregiver needs additional support or services that are outside my role as a mentor, I will encourage him/her to contact BBBS directly for resources.

Big Brothers Big Sisters of Metro Milwaukee maintains liability insurance coverage to protect volunteers while with a child from the program. It is important that you as a volunteer fully understand agency rules and policies. A violation of a rule or policy may limit your right to coverage by the agency's policy and/or closure of your match.

By signing below, I, the signer, indicate that I discussed the agency rules and policies with the Enrollment and Match Specialist, and I understand and agree to my responsibilities as discussed.

Volunteer Signature: _____

Date: _____