



The information you provide on this form will be maintained as a confidential, secure record

Child's First Name _____ Last Name _____

Child's Address _____ Apt. No. _____

City _____ Postal Code _____

Home Phone _____ Birth Date (mm/dd/yyyy) _____ Age _____

School _____ Grade _____ Teacher _____

Is the child in the care of the Ministry of Children & Family Development? Yes No

Primary Caregiver:

Parent/Guardian Name _____ Relationship to Child _____

Home Phone _____ Cell Phone _____

Email _____

Media Consent

Photos and/or audio/video recordings of our Go Girls! program are occasionally used to help us publicize and promote the programs and services of Big Brothers Big Sisters of Central and Southern Interior of BC. This may include use of photos, audio/video recordings, and first names of participants in newspapers/ magazines, on radio/ television, on the Big Brothers Big Sisters of Central and Southern Interior of BC website or newsletter, and in other promotional materials. In each section below, please indicate whether or not you give consent for us to use photos/recordings of your child and their first name for publication.

I give consent for photos and audio/video recordings of my child to be taken and used to publicize the work of BBBSCSI.

I do not give consent for photos and audio/video recordings of my child to be taken and used to publicize the work of BBBSCSI.

Informed Consent (Site Based group program) - Parent/Guardian

By checking 'Yes' below I am giving permission to Big Brothers Big Sisters of Central and Southern Interior of BC to make available their service to my child. It is my understanding that the intention of the Agency is to offer my child an opportunity to participate in a group program lead by a responsible adult, (minimum 18 years old), I understand that all efforts will be made to select a responsible Mentor who will facilitate the group program. In consideration for this service and other valuable consideration provided to my child by Big Brothers Big Sisters of Central and Southern Interior of BC, I release the agency of all responsibilities and liabilities in connection to their services provided in good faith, to myself or my child. I permit the agency to release any relevant information, including my personal information, to Big Brothers Big Sisters of Canada and their insurers, as may be appropriate in connection with any legal proceeding, inquiry or risk thereof. I understand that the collection of personal information about me or my child will be held in strict confidence and is to be used solely for the purposes of administering the program. I further agree that information about my child may be shared, at the discretion of Big Brothers Big Sisters of Central and Southern Interior of BC, with the group facilitator so that my child's needs may be best met. I understand that this application is the property of Big Brothers Big Sisters of Central and Southern Interior of BC. I also agree that my child will participate in the Pre-Match Training Program administered by Big Brothers Big Sisters of Central and Southern Interior of BC.

Yes



Online Program Consent

By checking 'Yes' below you are providing your consent for your child to engage in the Online Go Girls Program, and have virtual contact through Zoom with up to seven other program participants and 2-3 volunteer mentors for the duration of the program. The group will be monitored by BBBSCSI staff at all times. You can find Zoom's privacy policy here: <https://zoom.us/privacy> I understand that: as the parent/guardian, the group will adhere to the following rules which will be reinforced in the first few minutes of the meeting:

- No sharing of personal contact information will be a highlighted rule
- No screen sharing between participants
- No private chats between participants: Any communication between your child and other program participants that takes place outside of the Go Girls online platform and/or service-delivery dates cannot be monitored by BBBSCSI staff and should be approved and monitored at your discretion

I agree to the following:

- provide continued supervision and support, checking in with my child following each group meeting and throughout the four weeks, to determine how my child is responding to the program.
- try to ensure group privacy by not reading the chat room conversations
- contact BBBSCSI immediately should any concerns arise related to my child's participation in this program
- contact the Program Coordinator if I or my child needs support to access and/or adjust to the online Go Girls program
- do my best to support my child's participation in the weekly group meetings.

Yes

I HAVE READ AND UNDERSTAND THIS AGREEMENT. BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE:

I, _____, the parent/guardian of _____ hereby request Big Brothers Big Sisters service for my child. I give my child permission to participate in one or more group programs offered by Big Brothers Big Sisters of Central and Southern Interior of BC. I am aware of and understand the risks, dangers and hazards associated with the above service and agree such service is suitable for my child.

Signed at _____ this _____ day of _____, 20_____.

Parent/Guardian Name

Participant Name

Parent/Guardian Signature