

Parent/Guardian Consent Form - Group Program Online

Big Brothers Big Sisters of Central Vancouver Island offers Online Group Programs that are a FREE 7-week online program designed for youth between the ages of 10-12. The group meets weekly for 1 hour via Zoom Online Platform. Groups will be 5 - 8 youth with 1 - 2 fully screened (Criminal Record Check included) and trained Facilitators. The focus of the online program is to keep youth connected with each other and their community during a time of social distancing. They focus on building group connection by playing games, crafting, journaling and talking/discussions. This program is run by Big Brothers Big Sisters of Central Vancouver Island (BBBSCVI), a mentoring organization creating a positive impact in the lives of children and youth.

INFORMED PROGRAM CONSENT

I hereby give permission to BIG BROTHERS BIG SISTERS OF CENTRAL VANCOUVER ISLAND (BBBSCVI) (the "Agency") 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, however, where appropriate supervision takes place, the volunteer may be younger), 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 BBBSCVI, 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 BBBSCVI, with the group facilitator so that my child's needs may be best met. I understand that this application is the property of BBBSCVI. I also agree that my child will participate in the Pre- Match Training Program administered BBBSCVI. I HAVE READ AND UNDERSTAND THIS AGREEMENT. BY CHECKING "YES" TO THIS AGREEMENT, I ACKNOWLEDGE THAT: I am the parent/guardian of the child, and I 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 BBBSCVI. I am aware of and understand the risks, dangers and hazards associated with the service and agree such service is suitable for my child.

Yes

IDENTITY CHECK

I am aware that my child/youth will be asked to turn on their Zoom camera at the beginning of each session to confirm their identity to the Program Coordinator and Facilitators. This is one of the steps completed to help protect the participants of the group from unknown individuals joining the group. The child/youth is welcome to turn off their camera after the identity check/attendance is completed.

Yes



PHOTO CONSENT (PROGRAM PROMOTION / AWARENESS RAISING)

Any photographs or video productions taken of children or youth by Agency staff at recreational events or match outings, or otherwise authorized by the Executive Director or Board of Directors, may be used by the agency for the purposes of promotional material including brochures, posters, newsletters, media information, advertisements, audio-visual productions and web pages, such as the Agency website and social media. Photographs or video productions may also be shared with community and school partners for program promotion. My child's FIRST name only, general personal circumstances, and general information about their match may be included.

Yes

ONLINE PROGRAM CONSENT

By checking 'Yes' below you are providing your consent for your child to engage in the Online Group Program, and have virtual contact through Zoom with up to twelve other program participants and up to 3 volunteer mentors for the duration of the program. The group will be monitored by a Big Brothers Big Sisters Staff member at all times. You can find Zoom's privacy policy here: <u>https://zoom.us/privacy</u>. 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 Online Group Program platform and/or service-delivery dates cannot be monitored by the Mentoring Coordinator and should be approved and monitored at your discretion.

I agree to:

- Provide continued supervision and support, checking in with my child following each group meeting and throughout the seven weeks, to determine how my child is responding to the program
- Respect group privacy by not reading the chat room conversations
- Contact BBBSCVI immediately should any concerns arise related to my child's participation in this program
- Contact the Mentoring Coordinator if I or my child needs support to access and/or adjust to the Online Group Program
- Do my best to support my child's participation in the weekly group meetings

Parent/Guardian Name (please print)

Parent/Guardian Signature

Child's Name (please print)

Date

We recognize this is a challenging time for all of us and we thank-you for allowing BBBSCVI to continue supporting your child during this time.