

**INSTRUCTIONS:**

If you are submitting a digital copy, please download the the application and save as a .pdf file to email back when completed.

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## STUDENT APPLICANT INFORMATION

|                                        |                                          |                                         |
|----------------------------------------|------------------------------------------|-----------------------------------------|
| First Name                             | Middle Name                              | Last Name                               |
| <input type="text"/>                   | <input type="text"/>                     | <input type="text"/>                    |
| Date of Birth                          | <input type="text"/>                     | Fluent Languages <input type="text"/>   |
| Gender <input type="text"/>            | Ethnicity <i>Be specific as possible</i> | <input type="text"/>                    |
| Home Address <i>incl apartment #'s</i> | <input type="text"/>                     |                                         |
| City                                   | Zip Code                                 | <input type="text"/>                    |
| Personal Email <i>Not school email</i> | <input type="text"/>                     |                                         |
| Cell Phone                             | <input type="text"/>                     | Home Phone <input type="text"/>         |
| School                                 | <input type="text"/>                     | Grade in 2024-2025 <input type="text"/> |

## PARENT/GUARDIAN CONTACT INFORMATION

|                                                                                                                                                                 |                      |                       |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|----------------------|
| Name                                                                                                                                                            | <input type="text"/> | Relationship to Youth | <input type="text"/> |
| Address, City                                                                                                                                                   | <input type="text"/> | Zip Code              | <input type="text"/> |
| Email Address                                                                                                                                                   | <input type="text"/> |                       |                      |
| Cell Phone                                                                                                                                                      | <input type="text"/> | Home Phone            | <input type="text"/> |
| Work Phone                                                                                                                                                      | <input type="text"/> | Fluent Languages      | <input type="text"/> |
| Who lives in the youth's primary household, and what are their ages?                                                                                            | <input type="text"/> |                       |                      |
| What is the approx. annual household income?<br><i>This information is optional, but helps us analyze how our programs are run and is kept fully anonymous.</i> | <input type="text"/> |                       |                      |

## LOCAL EMERGENCY CONTACT INFORMATION (NOT A PARENT/GUARDIAN)

|               |                      |                       |                      |
|---------------|----------------------|-----------------------|----------------------|
| Name          | <input type="text"/> | Relationship to Youth | <input type="text"/> |
| Email Address | <input type="text"/> |                       |                      |
| Cell Phone    | <input type="text"/> | Home Phone            | <input type="text"/> |
| Work Phone    | <input type="text"/> | Fluent Languages      | <input type="text"/> |

*All information provided in this application will be treated with confidentiality, dignity, and respect by BBSVC.*

## YOUTH DETAIL

Are there any health concerns (physical, mental, emotional), allergies, and/or medications we need to be aware of?

Are there any of the following behavioral issues that may affect participation in the youth room?

- |                                                                 |                                                                         |
|-----------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Anxiety                                | <input type="checkbox"/> Sexual Acting Out / Oversexualization          |
| <input type="checkbox"/> Assaultive Behavior / Violence         | <input type="checkbox"/> Sleep Disturbances / Nightmares                |
| <input type="checkbox"/> Depression                             | <input type="checkbox"/> Social Media Addiction                         |
| <input type="checkbox"/> Disruptive Behavior                    | <input type="checkbox"/> Suicidal Ideation                              |
| <input type="checkbox"/> Drug / Alcohol Use                     | <input type="checkbox"/> Tagging Crew Affiliation: <input type="text"/> |
| <input type="checkbox"/> Gang Affiliation: <input type="text"/> | <input type="checkbox"/> Other: <input type="text"/>                    |

## PROGRAM AREAS OF INTEREST

Check off what other BBSVC program areas and mentoring opportunities are of specific interest:

- High School Mentors:** Where elementary-age youth are matched with a Middle-/High-School Buddy and meet on a weekly basis (*confirm this semester's days of the week/times with program staff*).
- Get Matched with a Mentor:** youth can be matched with a volunteer in the community who can be a healthy role model and a friend to explore interests with.
- Mentor Academy:** get matched with a mentor who can help explore college & career pathways, life skills, and future focus (*recommended for high school youth*).
- Youth Leadership Council:** work with peers to make a positive difference in our communities (*recommended for high school youth*).

What does youth like to do in their free time? With friends?

Does youth participate in other programs or services?  
*If yes, please list*

What is a goal that is important to this youth?

How does this youth cope with or handle conflict?

What else is important for BBSVC to know about this youth?

## PARENT/GUARDIAN AGREEMENTS

The parent/guardian must read and adhere to the following agreements for their student to participate at the BBSVC Youth Room Sites and activities. It is recommended that the youth participant also read and understand these agreements:

- **PERMISSION FOR BBSVC COMMUNICATION WITH YOUTH SCHOOL/EDUCATIONAL PLANS:** I willingly waive my rights protected by the Family Education Rights & Privacy Act (FERPA). I willingly give my consent for Big Brothers Big Sisters of Ventura County (BBSVC) to obtain the following school records from the Office of the Registrar: Transcript, Current GPA, Class Schedule, and Immunization Record (as per school district requirements). I understand that this is a permanent release unless I cancel the request in writing.
- **TRANSPORTATION SUPPORT:** I give permission to BBSVC to take my children on the following routine trip(s) by car or other means of vehicular transport, including public transit systems.
  - **ROUTINE TRIP DESTINATIONS:** Simi Youth Room at 2003 Royal Avenue, Simi Valley 93065; all other program locations and activities, youth home address, youth school address
  - **MODE OF TRANSPORTATION:** walking, public transportation, bus, staff vehicle, provider vehicle.I understand that BBSVC must adhere to the state of California's child restraint law when transporting children in care. I understand that BBSVC is always required to carry liability insurance and to operate any vehicle used for transport in a safe and lawful manner. This authorization is valid for the trip(s) described above, and I understand that BBSVC may not transport my child to any special activities outside of this scope without separate permission on file.
- **TALENT RELEASE:** I consent for all purpose to the reproduction and/or use of photographs of my child (with or without the use of his/her name) by Big Brothers Big Sisters of Ventura County and by any nominee or designee of Big Brothers Big Sisters (including any agency, client, periodical or other publication) in all forms and media and in all manners, including social media, advertising, trade, display, editorial, art, and exhibition. In giving this consent, I release Big Brothers Big Sisters, their nominees and designees from liability for any violation of any personal or proprietary right I may have in connection with such reproduction, or use. I approve the forgoing and waive any rights in the premises.

**Parent/Guardian of the Youth Room Participant:**

As the parent/legal guardian of the above named student, I give my permission for them to participate in the BBSVC Youth Room spaces and activities. I am the parent/guardian of the minor named above and have the legal authority to execute the above consent and release.

|                                             |  |             |
|---------------------------------------------|--|-------------|
| <b>Signature</b><br><i>Parent/Guardian</i>  |  |             |
| <b>Print Name</b><br><i>Parent/Guardian</i> |  | <b>Date</b> |

## PARENT/GUARDIAN & YOUTH AGREEMENTS

**Both parent/guardian and youth must read and agree to comply with our following code of conduct:**

Youth participants with Big Brothers Big Sisters of Ventura County (BBSVC) must agree to abide by the following rules and policies at all times while at the BBSVC Youth Room sites or while representing BBSVC in the community. **This includes adhering to the following terms and codes of conduct, as well as any rules implemented by the supervising BBSVC staff person that are determined to be in the best interest of youth safety at any time.**

**In order to ensure a safe, positive, inclusive space for all participants, the number of youth at the Youth Room will be limited to 12 juveniles for each adult staff.**

**There is no congregating in ways that block doors or emergency exits, or access to life/safety equipment.**

**All participants will demonstrate kindness and respect at all times.**

- BBSVC does not discriminate on the basis of race, faith, national origin, color, gender and sexual identities, ages, marital statuses, and [dis]abilities. We welcome, serve, and encourage positive involvement by youth, parents/guardians, volunteers, Board Directors, agency staff, and other participants from all demographics and identities.
- Respectful language only. No profanity, disrespectful, or unsafe language.
- There is a ZERO TOLERANCE POLICY for fighting. There is a ZERO TOLERANCE POLICY for filming fights or distributing video of fights, even if these do not occur IN the Youth Room.
- Remain in the Teen Room. No in and out.
- Noise must be kept at a conversational level.
- Clean up your area before leaving, throwing trash away.
- Earbuds or headphones must be used with personal devices. No sound coming from electronic devices.
- Youth engaging in groups may be asked to leave as a group even if it is only one individual demonstrating bad behaviors.

**Checking-In & Checking-Out must be completed every time a participant enters and exits the Youth Room.**

- Youth participants must check in with staff and provide their first and last name, email, phone number, and zip code.
- Check-in and Check-out may occur through the Youth Room App, with the QR code posted at the entry of the space, or through a paper application provided and collected by BBSVC staff.
- Youth ages 0-11 must be accompanied by a guardian at all times, unless checked in for High School Mentor program.
- Youth ages 12 and up may be unaccompanied, provided that the youth is able to navigate independently to the space from home or school without adult supervision required by their parent or guardian.

**Participants will be asked to leave the BBSVC Youth Room IMMEDIATELY if any of the following occurs:**

- Picking up, hitting, kicking, chasing another person, or taking another person's property
- Entering a staff area, cabinets, or drawers without permission; misuse of supplies
- Unsafe or destructive behaviors such as vandalism or damage to equipment, furniture, walls, or other property
- Disrespect to BBSVC staff or volunteers, mall tenants/businesses, and/or mall security
- If you are asked to leave for a minor violation, you may return the next day with a clean slate.
- Repeated violations may result in a longer suspension from the Youth Room, at which time BBSVC staff will determine when you may return to the space.

**BBSVC Youth Participant:**

I have read and understand the above statements. I understand my responsibilities as a BBSVC youth participant as defined by these statements. I also understand that any breach of this agreement may result in being asked to leave the BBSVC's Youth Room or activities, and I may not return without BBSVC approval. Further, I understand that any breach of this agreement may result in my being asked to permanently leave the program.

**Signature**  
*Student/Youth*

**Print Name**  
*Student/Youth*

**Date**

**Parent/Guardian of the Youth Room Participant:**

As parent/guardian of the above named youth, I have read and understand the above statements. I understand my responsibility to uphold this code of conduct with my youth to contribute to a safe Youth Room environment.

**Signature**  
*Parent/Guardian*

**Print Name**  
*Parent/Guardian*

**Date**

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