

Group Mentoring Program – PARENTAL CONSENT

CHILD INFORMATION		
Child's Name:	DOB:	Gender:
School:	Grade:	Teacher:
Ethnicity (Optional):	Languages Spoken:	

PARENT/GUARDIAN INFORMATION		
Parent/Guardian Name(s):	Relationship to Child:	
Address:	City:	Postal Code:
Email Address:		
Home Phone:	Cell:	Work:

MEDIA RELEASE

Any photographs or video productions taken of my child by agency staff at the mentoring program may be used by the agency for purposes of promotional material including brochures, posters, newsletters, media information, advertisements, audio-visual productions and web pages, such as agency website and social media, and grant proposals/reports. Photographs or video productions may also be shared with community and school partners for program promotion.

Please check **only one** of the two options below:

- I agree with the *Media Consent* release above OR
 I do not agree with the *Media Consent* release above

INFORMED CONSENT (SITE-BASED GROUP PROGRAM) – PARENT/GUARDIAN

I hereby give permission to Big Brothers of Greater Vancouver 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(s), (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 Big Brothers of Greater Vancouver, 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 of Greater Vancouver, 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 of Greater Vancouver. I also agree that my child will participate in the Pre-Match Training Program administered by Big Brothers of Greater Vancouver.

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

I, _____, the parent/guardian of _____ hereby request Big Brothers Big Sisters service for my child. I give the agency my consent to assign a Mentor to my child. 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.

Parent/Guardian Signature

Date