



Big Brothers Big Sisters

CONVERSATION CLUB

Youth Application Form

NAME: \_\_\_\_\_ GENDER: M / F / Other AGE: \_\_\_\_\_

DATE OF BIRTH (MM/DD/YY): \_\_\_\_\_ SCHOOL: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_
(Street number and name, unit/suite/apt., postal code, city)

HOME PHONE#: \_\_\_\_\_ CELL/MOBILE#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT PERSON AND NUMBER: \_\_\_\_\_

The Conversation Club program is funded by Citizenship and Immigration Canada (CIC) for newcomer Canadian youth. In order to evaluate the impact of the program, CIC is tracking the legal status of all participants. Please note this information will be held in the strictest confidence and only be shared with CIC outside of our agency's staff. Your child's immigration number is necessary to register for this program.

IMMIGRATION# \_\_\_\_\_ DATE OF ARRIVAL: \_\_\_\_\_

Government Assisted Refugees Convention Refugees Family Class Independent Intent to Land

First language spoken at home: \_\_\_\_\_

Medical conditions or dietary restrictions (allergies, medication, etc.): \_\_\_\_\_

Describe yourself using 3 words below:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

My hobbies are \_\_\_\_\_.

I enjoy \_\_\_\_\_.

Why would you like to join the Conversation Club?

Enhance English speaking and presentation skills.

Learn more about the Canadian education system.

Get homework help and academic support.

Build self-esteem and self confidence.

Learn more about my community and its resources.

How did you hear about the Conversation Club?:

Internet Friend Library Teacher CET Other: \_\_\_\_\_



**Big Brothers Big Sisters**

**Informed Consent - Parent**

I hereby make formal application to Big Brothers Big Sisters of Peel to make available their service to my child. It is my understanding that the intention of the Agency is to match a responsible male/female volunteer with my child for the purposes of shared activities, friendship and support. I understand that all efforts will be made to select a volunteer who is compatible with my child.

In consideration for this service and other valuable consideration provided to my child by Brothers Big Sisters of Peel, I release the agency and its partnering/collaborating organizations 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 consent to Big Brothers Big Sisters of Peel contacting any referring professionals involved with my family to obtain information for the purpose of assessing my application. I further agree that all or part of the information herein may be shared, at the discretion of Big Brothers Big Sisters of Peel, with my child's mentor and/or with the referring professional, so that my child's needs in a mentoring relationship may be best met. 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 understand that I am under no obligation to accept a volunteer mentor for my child, that the Agency is under no obligation to provide my child with a mentor and that this application is the property of Big Brothers Big Sisters of Peel. I also agree that I and my child will participate in the Child Safety Program administered by Big Brothers Big Sisters of Peel.

**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 volunteer 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.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Witness

Note: Release to share information with other professionals will expire within one year of the above date.



## MEDIA CONSENT FORM – CHILD/YOUTH

Re: \_\_\_\_\_  
Name of Child/ Youth

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 purposes of promotional material including brochures, posters, newsletter, media information, advertisements, audio-visual productions and web pages, such as the Agency website and social media.

I hereby give consent: \_\_\_\_\_  
Signature of parent/ guardian

\_\_\_\_\_  
Date

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*NOTE: Confidentiality concern re: media release*

If you do not want your picture or your child's picture used or if you have a safety concern, please check here:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Note: It is the parent/guardian's responsibility to notify the office if the status of this consent changes.