

# ONLINE EXPLORATIONS

Explorations is a fun, recreational 8-week program designed for girls and boys who want to explore different topics they are interested in, within a group setting with other students and supportive mentors. Mentors will lead students through three different focus areas; Art, Science, and Drama. Within each of these areas, there will be specific activities laid out for students to gain new skills and improve upon the ones they have!

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## ONLINE GO GIRLS!

Go Girls! is a fun, recreation program designed for girls who want to participate in fun-filled physical activities, games, art projects and interesting discussions. This is an excellent chance for girls to hang out with friends, meet new ones, and learn about healthy living in a fun, interactive and supportive environment. They will also spend time with great leaders and mentors who are dedicated to making the program amazing!

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## SIGN UP TODAY!

**Students in grades 5 to 7 are welcome to join these FREE online programs.**

*Please note: requirements vary by program.*

**For dates and information about our online program, please visit our website:**

**<https://langley.bigbrothersbigsisters.ca/online-group-mentoring/>**

**REGISTER BY FRIDAY, OCTOBER 16TH!**



**Big Brothers  
Big Sisters**  
OF LANGLEY

**604-530-5055**

**[admin.langley@bigbrothersbigsisters.ca](mailto:admin.langley@bigbrothersbigsisters.ca)**

**[www.langley.bigbrothersbigsisters.ca](http://www.langley.bigbrothersbigsisters.ca)**

## WE ARE OFFERING THE SAME PROGRAMS, JUST ONLINE NOW!

How can it be done online? Fortunately, we live in a time where almost anything is possible using modern technology! Instead of meeting the mentors in person, they will use online video chat to stay connected as a group during the week using the [Zoom](#) conferencing application.

The students accepted into our Online Programs will be invited to attend weekly scheduled Zoom video calls. BBBSL mentors will facilitate, and the students can participate by chatting, using the device's microphone or video if they feel comfortable. To provide the best environment for everyone to video chat comfortably, our online programs will include up to 10 students.

### WHO ARE THE MENTORS?

The program matches groups of young men/women who act as their mentors. The mentors develop relationships with the children and assist them in enhancing their self-confidence, self-esteem, and their knowledge about healthy lifestyles. The mentors are young people who relate well to youth and set a positive example in their lives. The mentors are carefully screened, trained and supervised by Big Brothers Big Sisters. They commit themselves to this volunteer work for the duration of the "Go Girls", "Game On" or "Explorations" Program.

### WHAT IS THE ROLE OF THE LEGAL GUARDIAN?

Legal guardians should show their support of their child's involvement in the program and ensure their child is set up to use the online platform! The legal guardian will need to sign an Informed Consent & Application before the program begins as well as give information about the child's interests and needs. It is important for a legal guardian to check in with their child after the weekly video calls/during the week to ensure your child is enjoying the experience and it is positive for them. To ensure a positive experience for your child the legal guardian must be open to provide feedback to the Mentoring Coordinator about the child's involvement.

## APPLICATION PACKAGE AND PROCESS

[On the application form, please share which program you are registering your child for as well as](#) information about your child's interests and needs. The application package also includes an informed consent, online program consent and media consent.

You can submit this application by:

- Completing it entirely online at: <https://langley.bigbrothersbigsisters.ca/online-group-mentoring/>
- Emailing a scanned copy or photo of this to [amie.carrick@bigbrothersbigsisters.ca](mailto:amie.carrick@bigbrothersbigsisters.ca)
- or it can be returned to your child's school.

**IMPORTANT:** Please complete the application ASAP as space is limited & program start soon!

You will receive confirmation of acceptance and a welcome letter at the beginning of the program with additional information as well as an outline of program dates and times.

THIS PROGRAM IS POSSIBLE WITH THE SUPPORT OF:



## PROGRAM APPLICATION

<b>THIS FORM <u>MUST</u> BE COMPLETED BY THE CHILD'S <u>LEGAL</u> GUARDIAN.</b>			
Youth Name		Birthdate	
School		Grade	
Address		Postal Code	
Legal Guardian			
Home Phone		Cell Phone	
Guardian's Email			
Child's Email			

**Has your child participated in our mentoring programs before?**  Yes  No If yes, which program? \_\_\_\_\_

**Please check all that apply: (Optional; for statistical purposes only)**

- Aboriginal       New Immigrant/Refugee       Mental Health Concerns (Parent/Child)  
 Low Income       Family involvement with MCFD/Social Worker

### PLEASE SELECT WHICH PROGRAM YOU ARE REGISTERING FOR:

This will all take place over Zoom!

- Explorations:** Tuesday October 20<sup>th</sup> -December 8<sup>th</sup>      4:00pm -5:30pm      Grade 6/7  
 **Go Girls:** Wednesday, October 21<sup>st</sup> -December 9<sup>th</sup>      4:00pm -5:30pm      Grade 5/6  
 **Go Girls:** Thursday, October 22<sup>nd</sup> -December 10<sup>th</sup>      4:00pm -5:30pm      Grade 5/6  
 **Go Girls:** Monday, October 26<sup>th</sup> -December 7<sup>th</sup>      4:00pm -5:30pm      Grade 5/6  
 **Evening Go Girls:** Tuesday, October 27<sup>th</sup> - December 15<sup>th</sup>      6:00pm -7:30pm      Grade 5/6  
 **Evening Go Girls:** Wednesday, October 28<sup>th</sup> - December 16<sup>th</sup>      6:00pm -7:30pm      Grade 5/6

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**Does your child have any particular challenges or issues they are dealing with at this time?**

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**Please describe your child (ie. personality traits, areas of strength/weakness, how they respond to adults or any other information that may be necessary):**

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**Is there any other information that we should know to help us best support your child in our program?**

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**Do you have any questions about this program?**

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*I, the legal guardian, of the above-mentioned child give Big Brothers Big Sisters of Langley permission to process my child's application and provide services to my child for the Online Group Mentoring Program. - This consent shall remain in effect for the duration of my child's involvement with Big Brothers Big Sisters unless otherwise revoked.*

\_\_\_\_\_  
*Legal Guardian Name (Please Print)*

\_\_\_\_\_  
*Legal Guardian's Signature*

\_\_\_\_\_  
*Date Signed*

THIS PROGRAM IS POSSIBLE WITH THE SUPPORT OF:



## **INFORMED CONSENT (SITE BASED GROUP PROGRAM) – LEGAL GUARDIAN**

I hereby give permission to Big Brothers Big Sisters of Langley 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 Big Brothers Big Sisters of Langley, 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 Langley, 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 Langley. I also agree that my child will participate in the Pre- Match Training Program administered by Big Brothers Big Sisters of Langley.

### **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 my child permission to participate in one or more group programs offered by Big Brothers Big Sisters of Langley. 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*

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## ONLINE CONSENT FORM (ONLINE GROUP PROGRAM) – LEGAL GUARDIAN

Our Site Based Programs run on school grounds 2 hours a week, with no outside contact. This Online Program offers mentoring relationships to be created & flourish in an online setting. Due to the COVID-19 pandemic, we will be offering Go Girls/Game On/Explorations over the Zoom platform which your child will join in video chat conversations (if they are comfortable) once a week. Which will be monitored by a Mentoring Coordinator with Big Brothers Big Sisters Langley.

By signing below, you are indicating your consent for your child to engage in the Online Program which will have virtual contact through Zoom with up to 10 other students and 3 volunteer mentors.

I understand that:

- as the parent/guardian, I understand that the Mentoring Coordinator is able to monitor the Programs Group chat and video calls that take place within the group. Any contact that takes place through Zoom not in the group can not be monitored by the Mentoring Coordinator. As the parent/guardian this platform will need to be monitored at your discretion.
- A Mentoring Coordinator will email the Meeting ID & Password for the weekly video chats through email the day before. Using a password to enter this meeting will minimize the risk that the meeting could be interfered with or hijacked by an external party.

I agree to:

- provide supervision and support, and to check in with my child following the weekly group meeting and throughout the 8 weeks to see how the group is going.
- contact BBBS immediately should any concerns arise related to my child's match
- contact the agency/my Caseworker if we need support in adjusting to this new form of mentoring.
- do my best to support the weekly group meetings that will be held.

Parent/Guardian Name (please print) \_\_\_\_\_

Child's Name (please print) \_\_\_\_\_

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

Date \_\_\_\_\_

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

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## MEDIA CONSENT FORM – CHILD/ YOUTH

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**RE:** \_\_\_\_\_  
Name of Child/ Youth

**Big Brothers Big Sisters of Langley** \_\_\_\_\_  
Name of Agency at which child/youth is enrolled (Local Agency)

I hereby consent to Big Brothers Big Sisters of Canada (National Office) and its associated member Big Brothers Big Sisters of Langley the use of any photographs, audio and/or video recordings of my child or youth as taken or produced by media personnel and/or National Office or Local Agency staff at recreational events or match outings, or otherwise authorized by the National President & CEO, local agency Executive Director or Board of Directors, and that this media may be used by Local Agency and/or by the National Office for purposes of promotional material including brochures, posters, newsletters, media information, advertisements, audio-visual productions and digital media, (such as the local agency websites and social media). Photographs or video productions may also be shared with community and school partners for program promotion.

	YES	NO
<b>Child first name only</b> may be used:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child full name</b> may be used:	<input type="checkbox"/>	<input type="checkbox"/>

### NOTE: CONFIDENTIALITY CONCERN/MEDIA USE

Please check here if you **DO NOT** want your child's picture used or if you have a safety concern.

\_\_\_\_\_  
*Legal Guardian's Signature*

\_\_\_\_\_  
*Date Signed*

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

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