

Bright Vista Youth Center

304 5th Street, Colusa, California 95932 • Phone: (530) 458-0755 Mon, Tue, Thurs, Fri. 3:00 − 6:00pm, Wed. 2:00 − 6:00pm, Sat. 11:00 − 3:00pm



Bright Vista Youth Center Guidelines

1. My membership packet must be completed prior to participation

• I will complete a membership application which includes my parent/guardian's consent to my involvement in the program.

2. Respect the staff, myself, and others

I will be responsible for my own actions and will conduct myself in an appropriate manner at all times while at the youth center, while participating in offsite youth center activities, and engaging with staff and peers. I will keep member's information confidential by not talking about other members, or what they share while participating in groups/workshops. I understand that staff will notify my parent about inappropriate behavior.

3. Sign-in and out every day

■ Each day of participation I will sign-in and remain on the premises at all times until I sign-out. I understand that "Ins & Outs" are not permitted as it is difficult for staff to track and supervise members' whereabouts. The center closes promptly so I will ensure that I have a planned way home after closure.

4. Use appropriate language

While interacting with staff and peers, I will communicate with appropriate language, tone of voice, and volume. I will refrain from using words/terms that are offensive to others, and if asked to change the topic of conversation by staff then I will do so.

5. Participate in activities/workshops

• I will participate in scheduled program activities and workshops that may be beneficial to me. These activities and workshops may focus on, but are not limited to, emotional wellness, healthy relationships, communication skills, job readiness, independent living, mindfulness and yoga.

6. Abstain from alcohol and drug use

I understand that if alcohol, tobacco, and/or other drugs are found in my possession while engaging in youth center activities (whether they take place onsite or offsite), then I have violated the guidelines. A violation will result in either my suspension or immediate expulsion from the program and will include me being sent home and staff notifying my parent(s) and/or the authorities.

7. No food or drinks from outside

To better ensure the sobriety of members, I will not be permitted to bring outside food or drink into the youth center or during its offsite activities. Staff will provide snacks and drinks daily.

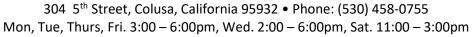
8. Pick up after myself and respect the facility

• If I make a mess, I will clean it up. I will show respect for the facility and others by putting away the youth center's materials that I use. I will throw away my

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garbage, and I will inform staff if a common area or restroom needs cleaning attention. If I see a safety concern, I will immediately inform staff.

9. Wear appropriate clothing and shoes and take care of my body

I will show respect for others by avoiding the use of strong colognes or perfumes. These strong smells can trigger allergies and migraines. I will show respect for the community by practicing good hygiene. If my body or clothing is soiled, or my personal odor is noticeable within 3 feet of my body, I may be asked to leave and return when these issues are addressed. I understand that if I have open sores, rashes, infections or other potential health hazards, I will be sent away until I have addressed my health needs. For minor cuts or injuries that can be addressed with a first aid kit, I will ask staff for assistance.

10. No running or rough-house play

I will walk while in the youth center, keep my body to myself, and refrain from playing in a way that may inadvertently cause harm to others, myself, or damage to the facility.

11. Only staff will approve T.V. channels/shows

T.V. channels/shows will be chosen in combination of their maturity rating and staff discretion. T.V. channels/shows rated R will NOT be permitted. T.V. channels/shows rated TV-Y, TV-Y7, TV-G, G, TV-PG, PG, PG-13, and TV-14 are still up to staff discretion as to whether the content of the channel/show is appropriate for members and aligns with the youth center's mission statement.

12. Only staff will approve use of video games

■ Video games will be chosen in combination of their rating given by the *Entertainment Software Rating Board* (ESRP) and staff discretion. Video games rated M (Mature 17+), AO (Adults Only, 18+), RP (Rating Pending) will NOT be permitted to be played. Video games rated EC (Early Childhood), E (Everyone), E10+, and T (Teen 13+) are still up to staff discretion as to whether the content of the game is appropriate for members and aligns with the youth center's mission statement.

13. Leave all valuables at home

• I understand that the center is not responsible for any stolen or misplaced items. The youth center has lockers available for my daily use, though my belongings must go home with me at the end of each day.

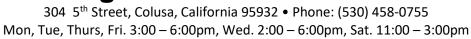
14. Violations will be recorded and monitored

If I violate the guidelines noted above, or conduct myself in a manner that does not support the youth center's overall purpose and mission, then I will receive a written violation. This violation may result in my suspension for a specified amount of time or in my expulsion from the program. This violation will remain on file and will be shared with my parent. If my parent would like to dispute this violation, he/she is welcomed to schedule a time to meet with Bright Vista Youth Center staff and supervisor to discuss the violation.

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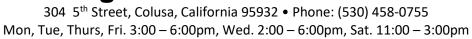
MEMBERSHIP APPLICATION July 2022 – June 2023

Name:			
Date of Birth:	Age:	Last _(must be 12 – 17 y/o)	Gender:
Home/Mailing Address:			
City:	State:		Zip:
Guardian Name:		Home number:	
Cell phone:		Email address:	
School Name:		Grade:	
☐ I have read, and unders that violation of any of the state expulsion from Bright Vista Signature of Participant:	ated guidelines will subjo Youth Center.	ect me to either s	suspension or immediate
Signature of Participant:			_Date:
Signature of Parent:			_Date:
☐ I agree that while on Brigmay be taken and reproduce		-	· •
Signature of Participant:			_Date:
Signature of Parent:			_Date:
☐ I agree to allow my child effectiveness of Bright Vista		ey every 6 mont	hs to evaluate the
Signature of Participant:			_Date:
Signature of Parent:			_Date:

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	Demographics Form					
First:		L	Last:			
DOB:		С	ity of Residence:			
Home			Cell Phone:			
May w	May we leave a message?:		May we text?:			
demogr is not as	te requires that Colusa County Depraphic information on an annual bassociated with your name or perso	sis in order to renal information	eceive funding for our n.	program. This information		
1.	Are you now, or have you ever	been a colus	\Box Yes \Box No			
			answer			
		•	answer			
2.	Please mark <u>ONE</u> answer that	best describe	s you in each of the	following categories.		
	Race:	Ethnicity:		Other Cultural Groups:		
	☐ African American	□Cuban		☐Foster Care		
	□Asian	☐Hispanic, L	atino, Spanish	☐McKinny-Vento		
	☐ Native American	☐Mexican, N	/lexican-American,	□LGBTQ+		
	□Multi	Chicano		□Other		
	☐ Pacific Islander	☐ Not Hispanic or Latino		□None		
	□White	☐ Puerto Rican☐ More than one ethnicity		☐ Decline to Answer		
	□Other					
	☐ Decline to answer	□Other				
		☐ Decline to	answer			
	Gender:		Sexual Orientation:			
	□Male		☐ Gay or Lesbian			
	□Female		☐ Heterosexual or Straight			
	□Transgender		□Bisexual			
	☐Genderqueer ☐Questioning or unsure of gender identity		☐ Questioning or unsure of sexual orientation			
			□Queer			
	☐ Another gender identity:		Another sexual orientation:			
	☐ Preferred Pronoun:		☐ Decline to answer			
	☐ Decline to answer					

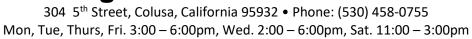
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4.

COLUSA COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

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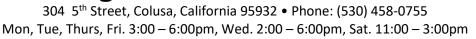
3. Please mark <u>ONE</u> answer that best describes you in each of the following categories.

Living Arrangements:		Employment (select o	one):	
☐ Board and Care		☐ Full-time (32+ hours)		
☐Emergency/Temporary Shelter		☐ Full-time Student (12+ units)		
☐ Homeless without Shelter		☐ Part-time (1-31 hours)		
□Hotel/Motel		☐ Part-time Student (1-11 units)		
☐ House, Apt, Mobile Home or Trai	er	☐Unemployed – not se	eking employment	
☐ Living with Family or Friends		☐Unemployed due to d	lisability	
☐ Sober Living (Sober Living Enviror	ment)	☐Unemployed – seekin	g employment	
□Other	•	□Other		
☐ Decline to answer		☐ Decline to answer		
Education:		Legal Involvements (P	Past 6 Months)(may	
		select multiple)	, ,	
□No High School Diploma		□None		
☐ High School Diploma or GED		□Arrested		
□Some College		□Incarcerated		
☐ Associate's, Technical, Vocationa	Degree	□Probation		
☐ Decline to answer	Ü	□Parole		
		□Other		
		☐ Decline to answer		
Age Range:		Preferred Language		
□12-14		□English		
□15-17		□Spanish		
		□Other:		
Please mark the answer(s) that best describe your reason for visiting Bright Vista Youth Center.				
Program Services (may select m	ultiple)			
□Lap-top Access	☐Wellness Groups		☐Gaming/Games	
□Kitchen	□Non-Agency Resources		□Snacks	
☐ Socialization/Reduce Isolation	☐ Friendship with Members		☐Life Skills	
☐ Self-Advocacy	☐Staff Su		□Other	
☐ Decline to answer				

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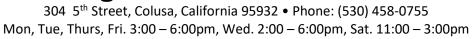
5. Please mark the answer(s) that best describes your use, or need, for a computer or internet access. Reason for Use (may select multiple): ☐ Do Not Use □ Email Resume ☐ Employment ☐ Scholarships/Grants ☐ College Applications \square Homework □Housing \square Other ☐ Decline to answer 6. How did you hear about Bright Vista? Mark all that apply. ☐ Colusa County Staff ☐ School ☐ Social media ☐ Friend or family □ Newspaper ☐ Community event Comments or additional information you would like to share:

Thank you for completing this Demographics Form. We appreciate your input and will use this to improve Bright Vista Youth Center and its programs.

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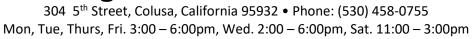
MEDICAL CONSENT AND EMERGENCY INFORMATION

Date of Birth:
d by a physician or surgeon in case of sudden a Youth Center activities. It is understood that ntatives, officers, any and/or all sponsors, their ors, sponsors, staff, workers, and hosts of the atment, and that the cost thereof will be at my w, every effort will be made to contact such he nature of the illness or injury may require the
Medical Group Number
Telephone Number
Date of Last Tetanus Shot Participant Received
t/guardian) cannot be reached, whom should
Phone:
Phone:

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TRANSPORTATION PERMISSION FORM

Each participant must bring this form completely filled out (and signed by parent/guardian). Participants will not be allowed to get into county cars/vans without this form completed.

Name:	DOB:
(Please Print Participant Name)	
I,(Please Print Parent Name) in the activity listed below and to use the t	_ hereby agree to permit my child to participate ransportation indicated:
Activity: Bright Vista Youth Center varied activities	<u>Date(s) of Trip:</u> July 2022 – June 2023
Transportation: Colusa County Vehicles	Destination: Varied within the County of Colusa
Name of Sponsor: Colusa County Behavioral Health	<u>1</u>
Contact Person:	Phone:
	of the Operating Policies of Colusa County Behavioral Health lations of the sponsor while participating in the activity.
I hereby agree and understand that if my child breaks group or themself in jeopardy, they will be sent home	s any rules or regulations that place the safety or welfare of the early at my expense.
If my child breaks any of these rules or regulations, action is judicious to ensure the safety and welfare of	I give my permission to the sponsor for whatever disciplinary the group.
I also agree that in the event of an emergency, the sup for my child without further approval while my child it	pervising adults may seek medical treatment or surgery needed is on this trip.
Home Address:	
City:	State: Zip:
Mailing Address (if different from above):	
City:	State: Zip:
Signature of Participant:	Date:
Signature of Parent:	Date:

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