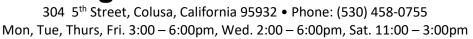


Bright Vista Youth Center





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. If youth are not picked up promptly at closure time, then Bright Vista staff will call the parent every 10 minutes for 30 minutes. If the parent does not answer and does not pick-up the youth 30 minutes past closure time, then Bright Vista will contact the local Police Department who will seek to find the parent or turn the youth over to Child Protect Services.

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.

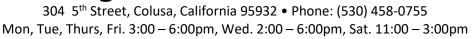
7. No food or drinks from outside

• To ensure a sober environment, 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.

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Bright Vista Youth Center





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 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 ways 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.

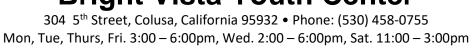
14. Violations will be recorded and monitored

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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Bright Vista Youth Center





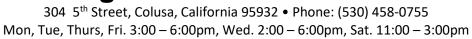
MEMBERSHIP APPLICATION July 2022 – June 2023

Name:			
Date of Birth:	Age:	Last(must be 12 – 17 y/o)	Gender:
Home/Mailing Address:			
City:	State:		Zip:
Guardian Name:		Home num	ber:
Cell phone:		Email addre	ess:
School Name:		Grade:	
☐ I have read, and underst that violation of any of the sta expulsion from Bright Vista	ated guidelines will sub		
Signature of Participant:			_Date:
Signature of Parent:			_Date:
☐ I agree that while on Brig may be taken and reproduce		-	· •
Signature of Participant:			_Date:
Signature of Parent:			_Date:
☐ I agree to allow my child effectiveness of Bright Vista		•	ths to evaluate the
Signature of Participant:			_Date:
Signature of Parent:			_Date:

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Bright Vista Youth Center





Demographics Form					
First:		La	ast:		
DOB:		Ci	City of Residence:		
		C	ell Phone:		
May we leave a message?:		N	May we text?:		
demogr is not as	te requires that Colusa County Depraphic information on an annual basesociated with your name or personance you now, or have you ever	sis in order to re nal information	eceive funding for our	program. This information Il Health Client:	
		â	inswer		
2. Please mark ONE answer that best describes you in each of the following categories.					
	Race:	Ethnicity:		Other Cultural Groups:	
	☐African American	□Cuban		☐ Foster Care	
	□Asian	☐ Hispanic, Latino, Spanish		☐McKinny-Vento	
	□ Native American	☐ Mexican, Mexican-American,		□LGBTQ+	
	□Multi	Chicano		□Other	
	☐Pacific Islander	☐ Not Hispanic or Latino		□None	
	□White	☐Puerto Rica	n	☐ Decline to Answer	
	□Other	\square More than one ethnicity			
	☐ Decline to answer	□Other			
		☐Decline to a	1		
	Gender:		Sexual Orientation:		
	□Male		☐Gay or Lesbian		
	□Female		☐ Heterosexual or Straight		
	□Transgender		□Bisexual		
	□Genderqueer		☐ Questioning or unsure of sexual orientation		
	Questioning or unsure of gender identity		□Queer		
	☐ Another gender identity:		☐ Another sexual orientation:		
	□ Preferred Pronoun:		☐ Decline to answer		
	☐ Decline to answer				

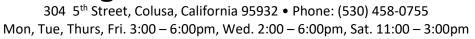
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4.

COLUSA COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Bright Vista Youth Center





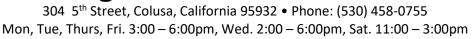
3. Please mark <u>ONE</u> answer that best describes you in each of the following categories.

Living Arrangements:	Emp	ployment (select one):
☐Board and Care	□Fu	ıll-time (32+ hours)
☐ Emergency/Temporary Shelter	□Fu	ıll-time Student (12+ units)
☐ Homeless without Shelter	□Pa	art-time (1-31 hours)
☐Hotel/Motel	□Pa	art-time Student (1-11 units)
☐ House, Apt, Mobile Home or Trail	er 🗆 Ur	nemployed – not seeking employment
☐Living with Family or Friends	□Ur	nemployed due to disability
☐ Sober Living (Sober Living Enviror	ment)	nemployed – seeking employment
□Other	□Ot	ther
\square Decline to answer		ecline to answer
Education:	Lega	al Involvements (Past 6 Months)(may
	_	ct multiple)
□No High School Diploma	□No	one
☐ High School Diploma or GED	□Ar	rested
□Some College	□In	carcerated
\square Associate's, Technical, Vocational	Degree □Pr	obation
☐ Decline to answer	□Pa	arole
	□Ot	ther
		ecline to answer
Age Range:	Pref	erred Language
□12-14	□Er	nglish
□15-17		panish
		ther:
Please mark the answer(s) that booten	est describe your	reason for visiting Bright Vista
Program Services (may select m	ıltiple)	
☐ Lap-top Access	☐Wellness Gro	ups
□Kitchen	□Non-Agency F	•
□Socialization/Reduce Isolation	☐ Friendship wit	
□Self-Advocacy	☐Staff Support	□ Other
□ Decline to answer		

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Bright Vista Youth Center





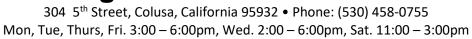
5. Please mark the answer(s) that best describes your use, or need, for a computer or internet access. Reason for Use (may select multiple): ☐ Do Not Use □ Email Resume ☐ Employment ☐ Scholarships/Grants ☐ College Applications \square Homework □Housing \square Other ☐ Decline to answer 6. How did you 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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Bright Vista Youth Center





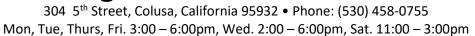
MEDICAL CONSENT AND EMERGENCY INFORMATION

Participant's Name:	Date of Birth:		
I hereby give my consent to have my child treated by a physician or surgeon in case of sudden illness or injury while participating in Bright Vista Youth Center activities. It is understood that Bright Vista Youth Center, and its agents, representatives, officers, any and/or all sponsors, their representatives, successors and assignees, directors, sponsors, staff, workers, and hosts of the activity provide no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the location of the event or the nature of the illness or injury may require the use of emergency medical personnel.			
Medical Insurance Coverage	Medical Group Number		
Name of Family Physician or Medical Group	Telephone Number		
List any medical conditions or allergies:	Date of Last Tetanus Shot Participant Received		
In case of a non-medical emergency, if you (pare Bright Vista Youth Center staff contact:	nt/guardian) cannot be reached, whom should		
Name:			
Relationship:	Phone:		
Name:			
Relationship:	Phone:		
Signature of Parent:	Date:		

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Bright Vista Youth Center





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

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