Bright Vista Youth Center - Member Rules and Responsibilities

The Mission of Bright Vista Youth Center is to help Colusa County youth, 6th grade to age 17, learn techniques that will enhance their social, coping, and leadership skills through supportive groups, workshops and structured daily activities. Bright Vista Youth Center will assist members in exploring educational and career interests and prepare them for independent living to increase confidence and ensure success in their future. In order to achieve this mission, we ask that all members uphold the following rules and responsibilities:

- *This document will not list every behavioral expectation of Bright Vista Youth Center. When in doubt, please ask a staff member.*

1. My membership packet must be completed prior to participation

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

2. Respect the staff, myself, and others

As a member of Bright Vista Youth Center, I am responsible for my own actions. I will conduct myself in an appropriate manner at all times while at Bright Vista, while participating in offsite Bright Vista activities, and engaging with staff and other members. I understand that there is zero tolerance for threats or violence of any type. I will keep my fellow member's information confidential by not talking about other members, or what they share while participating in groups/workshops with other individuals. I understand that staff will notify my legal guardian about inappropriate behavior.

3. Sign-in/out and Pick-up Policy

Each day of participation I will sign-in and remain on the premises 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 on-time and I will ensure that I have a planned way home after closure. *If the member is not picked up promptly at closure time, then Bright Vista staff will call the legal guardian every 10 minutes 3 times. If the legal guardian does not answer and does not pick-up the member 30 minutes past closure time, then Bright Vista will contact the local Police Department who will seek to find the legal guardian or turn the member over to Child Protect Services.*

4. Appropriate Communication

While interacting with staff and other members, 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. **Participation**
   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, and mindfulness.

6. **Substances**
   I understand that if alcohol, tobacco, and/or other substances are found in my possession while engaging in Bright Vista activities (whether they take place onsite or offsite), then I have violated the rules and responsibilities as a Bright Vista member. A violation will be issued and result in either my suspension or immediate expulsion from the program. The violation will include me being sent home and staff notifying my legal guardian and/or the authorities.

7. **No food or drinks from outside**
   To ensure safety for allergies and maintain a sober environment, I will not be permitted to bring outside food or drink into Bright Vista 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 Bright Vista, staff and other members by putting away the materials that I use. I will throw away my garbage, and I will inform staff if a common area or restroom needs cleaning. 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 inside Bright Vista, keep my body to myself, and refrain from playing in ways that may inadvertently cause harm to others, myself, or damage to Bright Vista property.

11. **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 <u>not</u> be permitted. T.V. channels/shows rated TV-Y, TV-Y7, TV-G, G, TV-PG, PG, PG-13, and TV-14 are up to staff discretion as to whether the content of the channel/show is appropriate for the members and aligns with Bright Vista's mission statement.

12. 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 up to staff discretion as to whether the content of the game is appropriate for members and aligns with Bright Vista's mission statement.

13. Leave all valuables at home

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

14. Cell Phone Policy

I understand that while at Bright Vista, my cell phone usage should be limited as the goal is to socially interact with other members and to participate in groups and workshops. I understand that staff have the right to confiscate my cell phone if my usage becomes a problem, and will return it upon my departure. I understand that no photos or videos are to be taken or recorded of other members while at the center, or on fieldtrips.

15. Violations will be recorded and monitored

I understand that if I violate the rules and responsibilities as stated above, or conduct myself in a manner that does not support Bright Vista'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 legal guardian. If my legal guardian would like to dispute this violation, they are welcomed to schedule a time to meet with Bright Vista Youth Center's staff and supervisor to discuss the violation.

MEMBERSHIP APPLICATION
July 2025 – June 2026

Name:_____
First Last

Date of Birth:_____Age:_____(must be 6th grade – 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 understand, the Bright Vista Youth Center Rules and Responsibilities. I understand that violation of any of the stated guidelines will subject the member to either suspension or immediate expulsion from Bright Vista Youth Center.**

Signature of Member: _____Date:_____

Signature of Legal Guardian: _____Date:_____

☐ **I agree that while on Bright Vista Youth Center fieldtrips/activities, the member's picture may be taken and reproduced using still, motion, or video tape for promotional purposes.**

Signature of Member: _____Date:_____

Signature of Legal Guardian: _____Date:_____

☐ **I agree to allow the member to participate in a survey every 6 months to evaluate the effectiveness of Bright Vista Youth Center services.**

Signature of Member: _____Date:_____

Signature of Legal Guardian: _____Date:_____

Demographics Form

Full Name:	DOB:
Home Address:	Mailing Address:
Home Phone:	Cell Phone:
May we leave a message?: ☐Yes ☐No	May we text?: ☐Yes ☐No

The State requires that Colusa County Department of Behavioral Health provide the following participant demographic information on an annual basis in order to receive funding for our program. This information is not associated with your name or personal information.

1. **Are you now, or have you ever been a Colusa County Behavioral Health Client:**
   ☐Yes ☐No ☐Decline to answer

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

Race:	**Ethnicity:**	**Other Cultural Groups:**
☐African American ☐Asian ☐Native American ☐Multi ☐Pacific Islander ☐White ☐Other_____ ☐Decline to answer	☐Cuban ☐Hispanic, Latino, Spanish ☐Mexican, Mexican-American, Chicano ☐Not Hispanic or Latino ☐Puerto Rican ☐More than one ethnicity ☐Other_____ ☐Decline to answer	☐Tribal Relations ☐McKinny-Vento ☐LGBTQ+ ☐Other_____ ☐None ☐Decline to Answer

Gender:	**Sexual Orientation:**
☐Male ☐Female ☐Transgender ☐Genderqueer ☐Questioning or unsure of gender identity ☐Another gender identity: _____ ☐Preferred Pronouns: _____ ☐Decline to answer	☐Gay or Lesbian ☐Heterosexual or Straight ☐Bisexual ☐Questioning or unsure of sexual orientation ☐Queer ☐Another sexual orientation: _____ ☐Decline to answer

3. **Please mark ONE answer that best describes you in each of the following categories.**

Living Arrangements:	**Education:**
☐House, Apt. Mobile Home or Trailer ☐Foster Care ☐Emergency/Temporary Shelter ☐Hotel/Motel ☐Unhoused without shelter ☐Unhoused with shelter (friends, family) ☐Sober Living (Sober Living Environment) ☐Other_____ ☐Decline to answer	☐5th –6th Grade ☐7th – 8th Grade ☐9th – 10th Grade ☐11th – 12th Grade ☐ High School Diploma/GED ☐ College Courses ☐ Decline to Answer
Employment:	**Legal Involvements (Past 6 Months)(may select multiple)**
☐ Part-Time (1-31 hours weekly) ☐ Full-Time (32+ hours weekly) ☐ Seeking Employment ☐ Not Seeking Employment ☐ Other_____ ☐ Decline to Answer	☐None ☐Arrested ☐Incarcerated ☐Probation ☐Parole ☐Other_____ ☐Decline to answer
Age Range:	**Preferred Language**
☐11-13 ☐14-15 ☐16-17	☐English ☐Spanish ☐Other: _____

4. **Please mark the answer(s) that best describe your reason for visiting Bright Vista Youth Center.**

Program Services (may select multiple)		
☐Lap-top Access	☐Wellness Groups	☐Gaming/Games
☐Kitchen	☐Non-Agency Resources	☐Snacks
☐Socialization/Reduce Isolation	☐Friendship with Members	☐Life Skills
☐Self-Advocacy	☐Peer Support	☐Other_____
☐Decline to answer		_____

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
☐Homework
☐Housing
☐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.

MEDICAL CONSENT AND EMERGENCY INFORMATION

Member's Name: _____Date of Birth: _____

I _____ am the legal guardian of the member named above and hereby give my consent to have the member be 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**

_____

Date of Last Tetanus Shot Participant Received

List any medical conditions or allergies:

_____

_____

_____

In case of a non-medical emergency, if you (legal guardian) cannot be reached, please list the individual(s) that Bright Vista Youth Center staff has permission to contact:

Name: _____

Relationship: _____ **Phone:** _____

Name: _____

Relationship: _____ **Phone:** _____

Signature of Legal Guardian: _____Date:_____

COLUSA COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Bright Vista Youth Center

304 5th Street, Colusa, California 95932 • Phone: (530) 458-0755

TRANSPORTATION PERMISSION FORM

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

Name: _____ **DOB:** _____
(Please Print Member Name)

I, _____ **hereby agree to permit the member to**
(Please Print Legal Guardian Name)
participate in the activity listed below and to use the transportation indicated:

Activity: Bright Vista Youth Center varied activities **Date(s) of Trip:** July 2025 – June 2026

Transportation: Colusa County Vehicles **Destination:** Varied within the County of Colusa

Name of Sponsor: Colusa County Behavioral Health

It is agreed that the member 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 the member breaks any rules or regulations that place the safety or welfare of the group or themselves in jeopardy, they will be sent home early at my expense.

If the member 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 the member without further approval while my child is on this trip.

Legal Guardian Phone Number: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address (if different from above): _____

City: _____ **State:** _____ **Zip:** _____

Signature of Member: _____Date:_____

Signature of Legal Guardian: _____Date:_____