

# Empower a Youth. Inspire the Future.

### PARENT/CHILD APPLICATION

Child's Name:							Birthdate:
Physical Home Address:				City:			Zip:
School: Grade Leve		evel/Y	Year: Gender:			Ethnicity:	
Parent/Guardian:			Relationship:				
Home Phone: Cell Phone: W		Wor	ork Phone: E-ma		E-mail:		
Employer: Occupation:			Be		Best tin	Best time to call:	
What is the primary reason for you wanting your child to have a Mentor?							
2. What is your living situation?  Two parent household  One Parent: Female Male  Other relative of child (non-parent)				<ul><li>☐ Foster Home</li><li>☐ Group Home</li><li>☐ Other:</li></ul>			
3. Does your child have ar  Yes No  If yes, please describe:	•	-			her participatin	g in activi	
4. Is there a person who shares custody of this child? Yes No If yes, are they aware of the child's enrollment in Mañe'lu? Yes No							
5. Do you anticipate any s Yes No If yes, please explain: _			-			•	
6. Check the box that appli ☐ Yes, my child par ☐ Yes, my family re	ticipates in the Free					ouchers).	
By signing below, I give pe (1) For my child to participat		am.					
<ul><li>(2) For the site/school to pro attendance records, etc.).</li><li>(3) To have my child complet</li></ul>							report cards, behavior reports,
(4) To have my child talk with (5) To use my child's photogr	n a Mañe'lu staff p	erson about p	person	al safet	y; and		
Parent Signature			Da				_



#### **FULL RELEASE OF ALL CLAIMS**

I,(Parent/Guardian's Name)	, the undersigned parent or guardian
(Fareni/Guardian's Name)	
of, α	minor child, being fully cognizant of the possibility of
physical or emotional harm or injury occurring to said minor c	hild while participating in activities sponsored by or
associated with Mañe'lu , on both the said minor child's and the u	ndersigned's behalf, hereby fully and for all purposes,
release Mañe'lu, and any person or group associated therewith, fr	om all liability (past, present, future, actual, claimed, or
contingent) which may otherwise exist or be claimed to exist, as a	result of the said minor child's participation in any such
activity or event, the undersigned assuming all risk for any liabilit	y, harm, or injury which might otherwise be claimed or
exist, and waiving any right he or she may have to dispute the scop	e of this release on any statutory or other ground.
l also agree to immediately notify the staff of Mañe'lu, in writing, o	f any concern, potential claim or other problem arising
from or regarding the minor child's participation in the program.	
ORIENTATION RE	ELEASE
I,(Parent/Guardian's Name)	, the undersigned parent or guardian of
, understand that at t	he time of matching I will be provided the Mañe'lu
(Child's Name)	
Parent/Youth Orientation Packet, which includes information on chil	
it is my responsibility to review this information with my child, ar	·
information regarding youth personal safety, or to arrange for furth	ner training with Mañe'lu statt.
PARENT SIGNATURE D	ATE
CASEWORKER SIGNATURE D	ATE



180 CHålan Kanton Tasi, 2<sub>nd</sub>Floor, Shell Station CHålan Pågo, Guam 96910 P O Box 3131 Hagåtña, Guam 96932 (671) 472-2227 www.manelu.org

#### CONFIDENTIALITY POLICY

Mañe'lu, formerly Big Brothers Big Sisters of Guam respects the confidentiality of client and volunteer records and, with the exception of situations listed below, shares information about clients and volunteers only among the agency professional staff. All records are considered the property of the agency and not the agency workers or clients or volunteers themselves. Records are not available for review by the clients or volunteers.

- 1. Information will be released to other individuals or non-Mañe'lu organizations only with the client or volunteer's written consent.
- 2. Identifying information regarding clients and volunteers may be used in agency publications or promotional materials unless the clients or volunteer request otherwise.
- For purposes of program evaluation, audit, or accreditation, and with the prior approval
  of the Board of Directors, certain outside bodies may have access to client and volunteer
  records.
- 4. Members of the Board of Directors or evaluators appointed by the Board have access to client files upon authorization of the Board of Directors.
- 5. Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.
- 6. Information shall be provided to an agency's legal counsel in the event of litigation or potential litigation involving the agency.
- 7. Territorial law mandates that suspected child abuse be reported to the appropriate authorities (name designated state agency).
- 8. If an agency worker receives information indicating that a client or volunteer may be dangerous to himself or herself or to others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or report to the local law enforcement authorities.
- 9. At the time a child or volunteer is considered as a match candidate, information is shared between the prospective match parties. The information about the volunteer may include such items as: age, gender, race, religion, interests, hobbies, marriage, family status, sexual orientation, living situation, etc. Information about the child may include such items as age, gender, race, religion, interests, hobbies, family situation, etc.

By signing this document, I have read, understar	nd, and agree to program participation under
the above conditions.	
<u> </u>	
Signature	Date



## **Media Release Form**

I hereby give Mañe'lu permission without compensation to the use (full or in part) of all still photos or videos taken of me for use in promotional/publicity purposes.

I further release Mañe'lu from any liability for what I, or anyone claiming by, through, or under me might deem misrepresentation in connection with the use of the aforementioned items in which I may have appeared. I am 18 years of age or older and have read the above authorization and release prior to its execution. If under 18 years of age, the parent or legal guardian indicated below has signed on my behalf.

Print Name:
Signature:
Address:
Signature of Parent or Guardian if under 18 years of age
Signature or Parent/Guardian: