



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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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.



COLUSA COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

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MEMBERSHIP APPLICATION July 2022 – June 2023

Name: _____

First

Last

Date of Birth: _____ Age: _____ (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 understand, the Bright Vista Youth Center Guidelines. I understand that violation of any of the stated guidelines will subject me to either suspension or immediate expulsion from Bright Vista Youth Center.

Signature of Participant: _____ Date: _____

Signature of Parent: _____ Date: _____

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

Signature of Participant: _____ Date: _____

Signature of Parent: _____ Date: _____

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

Signature of Participant: _____ Date: _____

Signature of Parent: _____ Date: _____



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Demographics Form

First:	Last:
DOB:	City of Residence:
Home Phone:	Cell Phone:
May we leave a message?:	May we text?:

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 ONE answer that best describes you in each of the following categories.

Race:	Ethnicity:	Other Cultural Groups:
<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> Decline to answer	<input type="checkbox"/> Cuban <input type="checkbox"/> Hispanic, Latino, Spanish <input type="checkbox"/> Mexican, Mexican-American, Chicano <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Puerto Rican <input type="checkbox"/> More than one ethnicity <input type="checkbox"/> Other _____ <input type="checkbox"/> Decline to answer	<input type="checkbox"/> Foster Care <input type="checkbox"/> McKinny-Vento <input type="checkbox"/> LGBTQ+ <input type="checkbox"/> Other _____ <input type="checkbox"/> None <input type="checkbox"/> Decline to Answer
Gender:	Sexual Orientation:	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Genderqueer <input type="checkbox"/> Questioning or unsure of gender identity <input type="checkbox"/> Another gender identity: _____ <input type="checkbox"/> Preferred Pronoun: _____ <input type="checkbox"/> Decline to answer	<input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Heterosexual or Straight <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning or unsure of sexual orientation <input type="checkbox"/> Queer <input type="checkbox"/> Another sexual orientation: _____ <input type="checkbox"/> Decline to answer	



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

Living Arrangements: <input type="checkbox"/> Board and Care <input type="checkbox"/> Emergency/Temporary Shelter <input type="checkbox"/> Homeless without Shelter <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> House, Apt, Mobile Home or Trailer <input type="checkbox"/> Living with Family or Friends <input type="checkbox"/> Sober Living (Sober Living Environment) <input type="checkbox"/> Other _____ <input type="checkbox"/> Decline to answer	Employment (select one): <input type="checkbox"/> Full-time (32+ hours) <input type="checkbox"/> Full-time Student (12+ units) <input type="checkbox"/> Part-time (1-31 hours) <input type="checkbox"/> Part-time Student (1-11 units) <input type="checkbox"/> Unemployed – not seeking employment <input type="checkbox"/> Unemployed due to disability <input type="checkbox"/> Unemployed – seeking employment <input type="checkbox"/> Other _____ <input type="checkbox"/> Decline to answer
Education: <input type="checkbox"/> No High School Diploma <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate’s, Technical, Vocational Degree <input type="checkbox"/> Decline to answer	Legal Involvements (Past 6 Months)(may select multiple) <input type="checkbox"/> None <input type="checkbox"/> Arrested <input type="checkbox"/> Incarcerated <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Other _____ <input type="checkbox"/> Decline to answer
Age Range: <input type="checkbox"/> 12-14 <input type="checkbox"/> 15-17	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____

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

Program Services (may select multiple)		
<input type="checkbox"/> Lap-top Access <input type="checkbox"/> Kitchen <input type="checkbox"/> Socialization/Reduce Isolation <input type="checkbox"/> Self-Advocacy <input type="checkbox"/> Decline to answer	<input type="checkbox"/> Wellness Groups <input type="checkbox"/> Non-Agency Resources <input type="checkbox"/> Friendship with Members <input type="checkbox"/> Staff Support	<input type="checkbox"/> Gaming/Games <input type="checkbox"/> Snacks <input type="checkbox"/> Life Skills <input type="checkbox"/> Other _____ _____



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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):
<input type="checkbox"/> Do Not Use <input type="checkbox"/> Email <input type="checkbox"/> Resume <input type="checkbox"/> Employment <input type="checkbox"/> Scholarships/Grants <input type="checkbox"/> College Applications <input type="checkbox"/> Homework <input type="checkbox"/> Housing <input type="checkbox"/> Other _____ <input type="checkbox"/> 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

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**

_____ **Date of Last Tetanus Shot Participant Received**

List any medical conditions or allergies:

In case of a non-medical emergency, if you (parent/guardian) cannot be reached, whom should Bright Vista Youth Center staff contact:

Name: _____

Relationship: _____ **Phone:** _____

Name: _____

Relationship: _____ **Phone:** _____

Signature of Parent: _____ **Date:** _____



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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, _____ hereby agree to permit my child to participate
(Please Print Parent Name)
in the activity listed below and to use the transportation 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 themselves 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: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Signature of Participant: _____ Date: _____

Signature of Parent: _____ Date: _____