

"How Do I Deal with My Parents Divorce?"
Parent Application for Elementary and Middle School Participants

Please complete the following application in its entirety. At least one custodial guardian must sign this application.

First and Last Name of Primary Legal Guardian Application Date

Child's Name

Address of Primary Legal Guardian

City & State Zip

Home Phone Cell Phone Work Phone

Please list the members of this household

Secondary Legal Guardian's Name

Secondary Legal Guardian Address (if different from above)

City & State: Zip:

Home Phone Cell Phone Work Phone

Please list the members of this household:

This program exists to provide a safe and supportive Christian environment for young people who are experiencing the emotional difficulties that arise from divorce. To create an atmosphere that encourages self expression and discussion; where opinions and answers will not be judged as right or wrong, confidentiality, trust and respect are critical. Youth participants will receive coaching and instruction on the principals and guidelines for confidentiality as well as the importance of respect for others. They will also be asked to sign a Confidentiality and Commitment Agreement.

We also ask for your parental support as we attempt to understand the unique needs of your child. In addition to signing a parental Confidentiality and Commitment Agreement, this application requests information that will help us get to know your child better. Your responses will be kept confidential, as outlined in this document.

Please answer as honestly as you can and feel free to use the backs of pages or attach additional pages, as necessary. We look forward to getting to know you!

1. Do you and/or your child have a church or spiritual affiliation? ____ Yes ____ No

Please describe: _____

2. Do you feel comfortable with your child praying or receiving healing prayer?
____ Yes ____ No

Please describe: _____

3. If you could change one thing about your child's relationships with others, what would it be?

Please describe: _____

4. Do you feel your child has a problem with anger? ____ Yes ____ No

Please describe: _____

5. To your knowledge, has your child ever hit someone out of anger?

____ Yes ____ No
Please describe: _____

6. To your knowledge, has your child ever used alcohol or drugs? ____ Yes ____ No

Please describe: _____

7. Has your child ever participated, or needed to participate in treatment for alcohol or drugs? ____ Yes ____ No

Please describe: _____

8. Have you ever felt, or had someone else tell you, that you may have a problem with alcohol for drugs? ____ Yes ____ No

Please describe: _____

9. Have you ever been in treatment for alcohol or drugs? ____ Yes ____ No

Please describe: _____

10. Has your child ever been in professional, pastoral, or school counseling?

____ Yes ____ No

If yes, what kind of counseling did your child receive? How long were they in counseling? Do you feel it was helpful?

Please describe: _____

11. To your knowledge, has your child ever wanted to, or tried to, hurt him or herself?

Please describe: _____

12. What two things you would like to see happen with your child in participating in this group?

Please describe: _____

13. Can you make the commitment to support your child's attendance for the scheduled sessions? ____ Yes ____ No

14.

15. Is there anything else you feel could impact your child's participation in this group and with Get Real Youth Outreach? Please share below:

Parental Agreement to Commitment and Confidentiality

1. I agree to make my child(ren)'s attendance to all 13-group sessions a top priority. If they must miss sessions, I agree that s/he/they will miss no more than three sessions and will make up the assignments. If my child(ren) miss more than three sessions, s/he/they will withdraw from the support group but will keep future support groups in mind and be allowed to attend.
2. I agree to bring my child(ren) on time to each session. I recognize that lateness harms group dynamic and impacts the time my child and other group members have to learn.
3. I agree that any knowledge I may have about students participating in the support group will be kept confidential. If I break my commitment to confidentiality, I understand that my child(ren) may be asked to leave the group.
4. I agree to inform my child(ren)'s group mentor/leader of any physical and/or emotional problems that might affect his/her/their participation, since some group sessions may be emotionally intense.
5. All information discussed in group sessions by leaders and participants of "How Do I Deal with My Parents Divorce?" and New Life Christian Church will be held confidential. No information disclosed in support groups may be used in legal proceedings or in arbitration.
6. I will encourage my child(ren) to talk about lessons discussed in support groups.
7. I understand Get Real Youth Outreach's position regarding confidentiality as well as its legal responsibilities under Virginia state law.

Child Abuse Reporting Responsibilities

The Get Real Youth Outreach ministry program and New Life Christian Church follow state mandated guidelines for reporting situation of child endangerment. The following are excerpts from Virginia State Statutes, the US Department of Health and Human Services and the National Clearinghouse on Child Abuse and Neglect Information

The state definition of child abuse is as follows:

"any child less than 18 years of age: whose parents or other person responsible for his care creates or inflicts, threatens to create or inflict, or allows to be created or inflicted upon such a child a physical or mental injury or other than accidental means, or creates a substantial risk of death, disfigurement, or impairment or bodily or mental functions..., neglects or refuses to provide care necessary for his health..., abandons such child..., commits or allows to be committed any act of sexual exploitation or any sexual act upon a child in violation of the law..., who is without parental care or guardianship caused by the unreasonable absence or the mental or physical incapacity of the child's parent, guardian, legal custodian, or other person standing in loco parentis."

The state standard for mandated reporting of child abuse is having "reason to suspect."

Professions that are mandated reporters of child abuse:

- Health Care
- Mental Health
- Social Work
- Education
- Child Care
- Law Enforcement Professionals
- Mediators
- Christian Science Practitioners
- Probation Officers
- Court Appointed Special Advocates

Reasons and Benefits for reporting suspected cases of child abuse:

- Avoiding legal prosecution of the church or professional in the event of a child's death or injury.
- Upholding a legal, ethical, and moral obligation to keep the children within our treatment and care safe.
- Creating a safe environment in the minds of the parents and children, as they are aware of the boundaries of confidentiality and the process.
- Avoiding internal conflicts for the professional, as the responsibility for the assessment of actual abuse is given to the Child Protective Services.
- Maintaining rapport with the family upon whom an abuse call has been made, as they are aware that is out of the hands and judgment of the professional, as this is a legal mandate.
- Avoiding increased abuse upon the child by a parent, who was contacted and questioned by the professional first, rather than Child Protective Services, who have the authority to keep the child safe once they have disclosed.
- Understanding the removal from the home is not the first option when Child Protective Services assesses for abuse. This occurs when the child is in immediate danger. CPS will first want to provide services to the family and every effort is made to maintain the family.

Disclaimers and Acceptance

In addition to group confidentiality, the Information shared within this application, and during the application process will be kept confidential. Your information will only be accessible to *Get Real Youth Outreach* leadership. Your information will not be shared outside Get Real Youth Outreach, with the exception of any information pertaining to child or elder endangerment as delineated by Federal or Virginia State mandated reporting laws.

Group sessions will be facilitated by two volunteer instructors from New Life Christian Church who have completed necessary training to conduct these sessions. **Get Real Support Groups Leaders are not licensed professional counselors. Group Leaders are not providing any medical or psychiatric advice. Group sessions are not professional group counseling sessions.** Group leaders are accountable to program leadership authority.

I certify that the information contained in this application is correct to the best of my knowledge. I have read all statements and disclosures and accept commitments outlined herein. I also understand that the personal information in this application will be held confidential by church staff and Get Real volunteer Leaders.

Primary Parent/Legal Guardian Signature Date

Secondary Parent/Legal Guardian Signature Date

Thank you!

One of our primary goals is that your child’s participation in this program will help open doors of communication in your family. We encourage you to ask questions and talk with your child throughout the duration of his/her time in the program. Reviewing our Curriculum Guide will help you understand the topics covered each week. This will be provided under separate cover. Thank you for you time, support and participation in Get Real Youth Outreach’s Youth Divorce Care program.

**Statement of Voluntary Consent
General Release and Waiver of Liability**

In consideration of my child's participation in *Get Real Youth Outreach ministry program* and with New Life Christian Church sponsored by New Life Christian Church during the Fall/Spring of 20____, and for other good and valuable consideration, I, the parent/legal guardian of _____ having actual knowledge and conscious appreciation of the dangers, risks, responsibilities, requirements and duties inherent in involving in and traveling to and from *Get Real Youth Outreach ministry program* and New Life Christian Church; and other additional similar type trips and activities, do hereby voluntarily consent to my child's participation in the aforementioned program, and knowingly assume the risks arising therefrom, as well as, hereby hold harmless and release and forever discharge the *Get Real Youth Outreach ministry program* and New Life Christian Church, and their successors from any and all claims and demands whatsoever, which the undersigned and their heirs, representatives, executors, administrators and personal representatives thereof, or any other persons acting in their behalf, or in behalf of their respective agents, have or may have against the said *Get Real Youth Outreach ministry program* and New Life Christian Church, or any or all of the aforementioned persons or their successors, by reason of any accident, illness, injury, property loss or damage, or any other consequences arising or resulting directly or indirectly from my involvement with the *Get Real Youth Outreach ministry program*.

I hereby declare and represent that in making, executing and tendering this Statement of Voluntary Consent, General Release and waiver of Liability, I fully understand and acknowledge by my signature, that I am relying wholly upon my own judgment, belief and knowledge of the circumstances involved in my child's participation in the above described program, that I understand the difficulties and responsibilities in involving in and traveling to and from *Get Real Youth Outreach ministry program* and New Life Christian Church, and that I have read this statement, understand its contents, and execute it of my own free will and choice.

Primary Parent/Legal Guardian Print Name

Primary Parent/Legal Guardian Signature

Secondary Parent/Legal Guardian Print Name

Secondary Parent/Legal Guardian Signature