What to expect in Girls Council...

1. **First, we will meet with you to hear your story and learn how we can be most helpful to you.** For all meetings, we will meet at a location of your choice, as we want the meetings to be easy to get to and comfortable for you. We can provide transportation if needed.

2. **After this initial meeting, we will do a needs and strengths assessment.** This assessment will help us understand your unique needs and strengths and how we can work with these to best support you. The assessment will also let us know whether our program is a good fit for you.

3. If we determine that Girls Council is a good program for you to participate in, **you will get connected with your Navigator, who will provide you with mentoring and support. Your Navigator will check in with you weekly to see how you are doing and if you need anything. You and your Navigator will start filling out a POWER Plan together, where you will set goals for your time in Girls Council.**

4. **You will be enrolled in one of our empowerment programs, Girls Circle or GOAL.** There, you can expect a safe space to be yourself, meet other girls, and learn new skills.

5. **Your Navigator will also start connecting with a network of supportive people in your life.** Once you have identified some people that you are comfortable with, **we will call a Council meeting, and have the group work together on the POWER Plan that we started. We will see if any of these people can be helpful in supporting you as well. After this initial Council meeting, this group may or may not meet again, depending on your need and desire.**

6. **We will also have fun group activities for you and other Girls Council participants.** This could include art, writing, field trips, yoga, meditation, game nights, movie nights... We want your input on what kinds of things you are interested in!

We look forward to getting to know you!

-Girls Council Team- Monica & Jillian
**Girls Council Program Policies**

**Relationship between Navigator and Youth**

Navigators will communicate with youth via text, phone, and/or e-mail. Navigators will meet with youth one on one in various locations, and may drive youth in their personal vehicles or in our YWCA van. All Navigators have background checks, have taken a defensive driving course, and are fully covered on YWCA’s insurance policy.

**Communication**

Your Navigator is available to you Monday-Friday between 9 AM and 7 PM by phone if you need anything. Feel free to call or text and they will get back to you as soon as possible. If your Navigator doesn’t answer, you can call the Girls Health and Safety Coordinator. Your Navigator will work with you on a Safety Plan if there is a possibility of you needing support outside of those hours.

**Confidentiality**

Your Navigator is a great person to share feelings and experiences with. We hope that the two of you can build a strong trusting relationship with each other. Your Navigator will keep what you share confidential unless it falls under the Child Protective Services Mandatory Reporting guidelines, which would be a disclosure of abuse, neglect, or intent to harm. If you are Juvenile Justice involved, your navigator will communicate regularly with your Probation or Diversion Counselor. We will do our best to keep this positive and general, but will let you know in advance if there are particular things we have to share with your Probation or Diversion Counselor.

**Your Navigator:** Jillian Hatch

**Cell Phone:** 360-362-7245  
**E-mail:** Jhatch@ywcaofolympia.org

**Girls Health and Safety Coordinator:** Monica Gockel

**Cell Phone:** 360-362-8184  
**E-mail:** Mgockel@ywcaofolympia.org
YWCA Gender Responsive Programs

As part of Girls Council, all girls will participate in either Girls Circle or GOAL. Your navigator will talk with you to understand more about what is going on in your life and what kind of support you need, and will then recommend you to one or the other.

**Girls Only Active Learning (GOAL)**

GOAL is designed to help girls develop emotional regulation and other social skills in order to enhance personal power and reach their goals.

Twenty 90 minute sessions (30 hours)

Who would benefit from GOAL?

- Girls having a hard time managing their anger
- Girls who feel overwhelmed by their emotions
- Girls who could use some communication skill practice
- Girls who are struggling to maintain self-control

**Girls Circle**

Gender-responsive, strengths-based peer support group that integrates relational theory, resiliency practices, and skills training in a format designed to increase positive connection, personal and collective strengths, and competence in girls. Girls Circle helps increase confidence and resilience in young women and allows them to discover and use their authentic voice.

10 two hour sessions (20 hours)

- Girls with depression, anxiety, or mild substance abuse issues
- Girls who need positive peer support
- Girls who need a space to vent
YWCA Girls Program Registration Form

To participate, please complete this form with your parent or guardian and return to:
YWCA Olympia, 220 Union Ave SE, Olympia, WA 98501. Fax: 360.352.8788

For General Questions call the YWCA at 360-352-0593.
For questions about Girls Circle, GOAL, Girls Council, or the Youth Advisory Board contact Monica Gockel at:
mgockel@ywcaofolympia.org
For questions about Girls Without Limits!, Contact Steffany Brown at: sbrown@ywcaofolympia.org

Which YWCA Girls Program(s) would you like to register your child for?

☐ Girls Circle   ☐ Girls Without Limits!   ☐ Girls Council   ☐ GOAL   ☐ Youth Advisory Board

General Information

Participant's Name: ____________________________________________ Preferred Pronouns: __________________________

Birthday: (mm/dd/yy): ___________________ School: __________________________ Grade: __________________________

Parent/Guardian's Name: __________________________________________________________________________________________

Parent/Guardian's Relationship to participant (please check the appropriate box):
☐ Biological parent   ☐ Grandparent   ☐ Aunt/Uncle   ☐ Foster parent   ☐ Other: ____________________________

Mailing Address: __________________________________________________________________________________________

City: ____________________________ State: ___________ ZIP: __________________________

Parent Phone: ____________________________ Participant Phone: __________________________

Parent E-mail Address: ____________________________ Participant E-mail Address: ____________________________

Does your family currently receive TANF (Temporary Assistance for Needy Families) or have you received TANF in the past year? ☐ Yes ☐ No

Does the youth qualify for free or reduced lunch? ☐ Yes ☐ No

Is the youth involved in a parenting plan that the YWCA should be aware of? ☐ Yes ☐ No

Ethnicity (please check the appropriate box): Is the youth Hispanic or Latina? ☐ Yes ☐ No

Race: Would you describe the youth as (check all that apply):

☐ Native American or Alaska Native   ☐ Asian   ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander   ☐ White   ☐ Other: ____________________________

What is the primary language spoken at home? ____________________________________________

Where did you hear about the program you are registering for? ____________________________________________
Health and Emergency Information

Does the youth have medication or a mental/physical condition, disability or allergy that we should know about?

☐ No  ☐ Yes, please describe: ____________________________________________

*Emergency Contact Name (1): __________________________ Phone (between 5 - 9 p.m.): __________________________

Emergency Contact Name (2): __________________________ Phone (between 5 - 9 p.m.): __________________________

*Please make sure the first emergency contact has legal authority to make medical decisions for the youth.

Does the youth have health insurance coverage?  ☐ Yes  ☐ No  Medicaid?  ☐ Yes  ☐ No

Transportation & Field Trips

What is the youth’s usual method of transportation to and from programs?

☐ Parent / Guardian  ☐ Walk  ☐ City Bus  ☐ Drives self  ☐ Other: __________________________

Does the youth have permission to participate in field trips associated with the YWCA program they are registered for?

☐ Yes  ☐ No

This may include being driven in the YWCA van, walking, or taking public transportation.

For Girls Council: Does the youth have permission to be driven in their Navigator’s personal vehicle?  ☐ Yes  ☐ No

All individuals driving youth are fully covered by the YWCA’s insurance policy and have taken a defensive driving course.

Publicity

May your child’s photo/video/artwork be used for YWCA Olympia publicity?  ☐ Yes  ☐ No

I give permission for publication of photos/videos of my child/children (or person for whom I am legal guardian) in publications produced by YWCA Olympia including but not limited to the agency website, social media accounts (ex: Facebook, Twitter, Pinterest, Instagram), e-newsletters, donor/sponsor materials, videos, and media releases. I understand that my child will not be paid any royalties or other compensation, and I give up any and all rights my child may have to payment if our/my photo/video is published. Further, refusal to consent to photos/video will in no way affect the services and/or benefits my child may receive/access. If I have any questions or wish to withdraw my consent in the future, I can do so at any time by contacting YWCA Olympia. By checking the box above, I agree to this consent.

Program Evaluation

YWCA Olympia is working to understand, assess, and meet the needs of adolescent girls in our community by way of a program evaluation. This program evaluation will provide us with invaluable information and feedback on how YWCA programs are impacting program participants.

All participants will be asked to complete a pre and post-program survey. All surveys are anonymous and are processed in a confidential manner. Individual survey questions are optional and this will be expressed to your child prior to survey completion. Refusal to consent to the program evaluation will in no way affect the services my child may access.

Release of Information

By enrolling the child listed above in a YWCA Program I understand that I am authorizing the release and exchange of participant records between YWCA Olympia and the particular program’s partners. This includes information contained on this registration form, as well as evaluation data. I understand that for the purposes of coordinating support for my child and YWCA Olympia employees and program partners may also verbally share information regarding the participant. Information may also be shared with the listed emergency contacts.

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Draft Updated 9/1/2016 MG
Girls Council: Information may be shared with Community Youth Services. If participant is already involved with the Juvenile Justice system, Information may be shared with Thurston County Juvenile Court and Juvenile Detention.

GOAL: Information may be shared with Thurston County Juvenile Court and Juvenile Detention and University of Washington.

Girls Circle: Information may be shared with your child’s school

Girls Without Limits!: Information may be shared with your child’s school

Release of Liability

On behalf of my minor child (student named on this application), I hereby give permission for my child to participate in YWCA Programming.

I do hereby agree and consent to my child’s participation in YWCA Olympia programs and do assume all risks and hazards which are part of the conduct of the associated activities. I hereby release, absolve, indemnify, and hold blameless YWCA Olympia, their officers, directors, employees, contracted employees, independent contractors, instructors, agents, organizers, and volunteers of any and all liability for damage, injury, or expense of any kind arising out of or connected with my child’s participation in YWCA Programs.

I understand that in case of a medical emergency, my own personal medical plan will be used. As a condition of participation in YWCA Programming by the student named in this application, I acknowledge that I have read this consent form, and knowingly, on behalf of my child, assume all of the risks associated with participating in any way in YWCA Programming.

I hereby release, to the fullest extend permitted by law, the YWCA Olympia and their affiliates, from any and all actions, claims, demands, or liabilities that I, my assignees, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my child’s participation in these activities irrespective of whether the same is based on breach of warranty, negligence, strict liability or any other theory or recovery.

Participant Consent to Participate in YWCA Program(s)

I have read and agree to the program evaluation, release of information, and release of liability. I give my consent to participate in the selected YWCA Program(s).

Participant Name (please print)

Participant Signature (please sign) Date

Parent/Guardian Permission to Participate in YWCA Program(s)

I have read and agree to the program evaluation, release of information, and release of liability. I give permission for my child to participate in the selected YWCA Program(s). I agree I have legal authority to sign this form on behalf of my minor child.

Parent / Guardian (please print)

Parent / Guardian Signature (please sign) Date

All information and waivers on the form are good for two years from the signature date.