

**Girls Incorporated®
of Limestone, Algonquin
and Lakeshore**

993 Princess Street, Suite 201
Kingston, Ontario K7L 1H3
Phone: (613) 542-9202
Fax: (613) 547-9091
www.girlsinlimestone.ca

**GIRLS INC. ONE-TO-ONE MENTORING
“FRIENDS FOR LIFE” AND “FRIEND FOR A DAY” PROGRAMS
CLIENT REFERRAL AND APPLICATION PACKAGE**

This package is to be submitted to Girls Inc. Limestone by the individual referring the child to our agency. Please ensure the guardian of the child completes the application form in full, and signs the required authorization and consent forms.

As the referring individual, we would ask that you please complete the referral form included in this package, which will assist us in the assessment of the child's needs. This referral form is not intended for completion in the company of the family, and all information contained therein will be kept in the strictest of confidence.

Girls Inc. Limestone is a non-profit, volunteer-based organization. Our purpose is to provide direct service to girls and young women between the ages of 5 and 21, through one-to-one matching and quality educational groups and workshops.

Although we have recently undergone a name change to better support girls in the Kingston community, we have been providing gender-specific services for girls since 1972. We continue to operate our long-term and short-term mentoring programs under a new name – “Girls Inc. ONE-to-one” divided into two specific programs, the Friends for Life Program and Friend for a Day Program. We are planning to increase the number of girls we serve in both programs over the next few years.

Girls Inc. Limestone does not discriminate on the basis of race, color, sexual preference, age or religion. The guardian of a Client Member is responsible for ensuring the mentor selected meets with his/her complete approval as a role model for the child.

Please advise the family that we will be in touch with them in approximately eight weeks to schedule a home visit. Please also encourage the family to visit our website (if possible) at www.girlsinlimestone.ca.

Should you have any questions regarding this referral at any time, please do not hesitate to contact our office.

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CONFIDENTIAL CLIENT REFERRAL

(TO BE COMPLETED BY THE INDIVIDUAL REFERRING THE CHILD TO THE GIRLS INC. AGENCY)

Child's Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Referred by: _____

Agency/Organization: _____

Phone: _____ Email: _____

Parent/Guardian's Name: _____

Other Agencies involved with this family: _____

Please describe the relationship between this prospective Client and yourself, as the referring worker:



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How do you think our organization can assist this girl?

Please provide your opinion on the attitude of the child and her parent/guardian towards the idea of a Mentor:

Please list the child's interest, hobbies and aspirations:

To your knowledge, are there any activity restrictions for health or other reasons?

Please provide any additional comments or information that may assist us in matching this child:

In my opinion, this referral is: [] Urgent [] Necessary

Signature

Date

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CLIENT MEMBERSHIP APPLICATION

(TO BE COMPLETED BY THE PARENT/GUARDIAN OF A CLIENT APPLICANT)

CONTACT INFORMATION

Full Name: _____

Date of Birth: _____ Grade: _____

Address: _____

Postal Code: _____

Home Phone: _____ Best Time to Call: _____

Cell Phone Number: _____

Guardian's Name(s): _____

Guardian's Relationship to Child: _____

Name, Age and Sex of all Brothers and Sisters:

GENERAL INFORMATION

Why do you want a mentor for your child?

Is there any special characteristic you are looking for in a Mentor?

Please list your daughter's hobbies and interests:



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Is your daughter involved in any extracurricular activities (e.g. Organized sports, Girl Guides, Music lessons, etc.)? If so, please provide details:

Does your family currently have an open file with any other local agency?
(e.g. Boys and Girls Club, Youth Diversion, Children's Aid Society, Big Brothers Big Sisters, etc?)

If so, please list: _____

How did you hear about Girls Inc?

GUARDIAN ACKNOWLEDGEMENT

I understand that as the Guardian of the Client Applicant, I am responsible for ensuring that the Mentor chosen is suitable for my child. I have read all documentation provided and understand the role of the Girls Inc. agency and it's mandate.

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY

Membership Number: _____ Reg. Date: _____ New Existing Client

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MEDICAL AUTHORIZATION

(TO BE COMPLETED BY THE GUARDIAN OF THE CLIENT APPLICANT. THIS WILL BE MAILED TO YOUR FAMILY DOCTOR WHO WILL COMPLETE A MEDICAL REFERENCE FORM TO ASSIST IN THE ASSESSMENT PROCESS.)

Name of Client Applicant: _____

Name of Legal Guardian: _____

Name of Physician: _____

Physician's Address: _____



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I, the legal guardian of the above named Client Applicant, do hereby authorize the above named physician to release any information to Girls Inc. Limestone that he/she feels would be beneficial to the Association.

Signature of Parent/Guardian

Date

Signature of Witness

Date

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SCHOOL AUTHORIZATION

(TO BE COMPLETED BY THE GUARDIAN OF THE CLIENT APPLICANT. THIS WILL BE MAILED TO THE CHILD'S SCHOOL WHO WILL COMPLETE A SCHOOL REPORT TO ASSIST IN THE ASSESSMENT PROCESS.)

Name of Client Applicant: _____

Name of Legal Guardian: _____

Name of School: _____

Teacher's Name: _____ Grade: _____



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I, the legal guardian of the above named Client applicant, do hereby authorize the school to release any information to Girls Inc. Limestone that may be deemed relevant by them in connection with my application for a Mentor for my child.

Signature of Parent/Guardian

Date

Signature of Witness

Date



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CONSENT AND RELEASE FORM

Name of Client Applicant: _____

Name of Legal Guardian: _____

1. I understand the role that a Mentor may play in the life of my daughter (ward). I therefore give permission to the Girls Inc. Limestone for my daughter (ward) to be matched with a suitable adult female mentor.
2. I understand that as the child's guardian it is my responsibility to ensure that the selected Mentor meets my approval as a role model for my daughter (ward).
3. If the assignment of a mentor does occur, I release the Girls Incorporated of Limestone, Algonquin and Lakeshore of all responsibilities and liabilities in connection therein.
4. I understand that any information given by my daughter (ward) and by me is to be held in confidence by the Girls Inc. Limestone, its staff and my daughter's Mentor.



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Signature of Parent/Guardian

Date

Signature of Witness

Date

PRIVACY POLICY

Privacy of personal information is an important principle for Girls Inc. Limestone. We are committed to collecting, using, and disclosing personal information responsibly, and only to the extent necessary for the services we provide. This document describes our privacy policies.

What is personal Information?

Personal information is information about an identifiable individual. Personal information includes information that relates to:

- an individual's personal characteristics (e.g., gender, age, income, home address or phone number, ethnic background, family status)
- health (e.g., health history, health conditions)
- activities and views (e.g., religion, politics, opinions expressed by an individual, an opinion or evaluation of an individual).

Personal information is different from business information (e.g., an individual's business address and telephone number). This is not protected by privacy legislation.

Collection of Personal Information:

For members of our programs and services, we collect personal information in order to assess our client needs, screen our adult volunteers, make appropriate matches in our mentoring programs, adequately follow-up on client progress, and support the problems being experienced by our clients.

- For members of the general public, we collect personal information to maintain contact with agency supporters, and to carry out the administrative aspects of our agency.
- For permanent staff, contract staff, placement students, and members of our Board of Directors, we retain personal information to meet our obligations to Canada Customs and Revenue Agency, other government organizations, and to undergo the appropriate screening of staff and volunteers making decisions for, and working with, children.



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Protecting Personal Information:

We understand the importance of protecting personal information. For that reason, we take the following steps to protect your privacy:

- Paper information is either under supervision or secured in a locked or restricted area.
- Electronic hardware is either under supervision or secured in a locked or restricted area at all times. In addition, passwords are used on computers.
- Paper information is transmitted through sealed, addressed envelopes, or boxes by reputable companies.
- Staff are trained to collect, use, and disclose personal information only as necessary to fulfill their duties and in accordance with our privacy policy.
- External consultants and agencies with access to personal information must enter into privacy agreements with us.

Retention and Destruction of Personal Information:

We need to retain personal information for some time for our own accountability to external regulatory bodies. The following is our process for the retention and destruction of personal information:

- Case files for mentoring volunteers must be retained for 10 years past the time that a child with whom she has spent time with reaches the age of 18.
- Our client and contact directories are updated regularly and printed copies of contact lists are destroyed at the time that an updated report is printed. When you are no longer a member, or an active contact, your contact information will be removed from our contact database(s), and destroyed with the next print.
- Marketing material that documents the history of our agency is maintained indefinitely; however, a signed release would have been signed at the time this material was produced.
- We destroy paper files containing personal information by shredding.
- We destroy electronic information by deleting it.

You Can Look at Your Information:

With the exception of personal references, medical references, and confidential assessment or case notes, you have the right to see what personal information we hold about you. We will also try to help you understand any information you do not understand.

If you believe there is a mistake in the information, you have the right to ask for it to be corrected. This applies to factual information and not to any professional opinions we may have formed. We may ask you to provide documentation that our files are incorrect. Where we agree that we made a mistake, we will make the correction and where appropriate, notify anyone to whom we sent this information. If we do not agree that we have made a mistake, we will agree to include in our file a brief statement from you on the point and, as appropriate, we will forward that statement to anyone else who received the earlier information.

Reviewed/Updated January 2008