



Yavapai
Big Brothers Big Sisters
Quad Cities | Sedona | Verde Valley

OVERNIGHT ACTIVITIES POLICY

The following Overnight Activities Policy supersedes all other agreements made prior to this date. Matches may only have overnight activities if they comply with this policy and current agency practices outlined in the program manual.

1. Overnight activities are strictly prohibited during the first year of the match
2. Match must be in compliance with match support and agency standards.
3. Overnight activities will be reserved for significant opportunities to promote youth development.
 - a. Agency staff will monitor and limit overnight activities considering necessity, frequency and purpose to ensure overnight activities are in the best interest of the child.
4. Volunteers must submit a written application before each overnight activity; not every application is approved. Applications must include:
 - a. Parent signature confirming approval
 - b. Both agency staff and supervisor approval
 - c. Privacy arrangements for sleeping and changing clothes
 - d. Any and all other information requested to ensure child safety
 - e. Scheduled times for prompt follow-up discussions
5. Parent, child and volunteer must have individual follow-up discussions with agency staff following every overnight to ensure child safety precautions were followed.
6. Any individual involved in the match may decide at any time to discontinue with overnight visits for any reason.
7. Yavapai Big Brothers Big Sisters has a zero tolerance policy with any infraction of the overnight policy or practices and reserves the right to close the match if any participant does not follow the guidelines.

YAVAPAI BIG BROTHERS AND SISTERS

REQUEST FOR APPROVAL OF OVERNIGHT ACTIVITY

This application is to be filled out by the volunteer/Big prior to the over-night activity. The overnight policy must be reviewed by the Big and Parent, prior to this application being considered by the Match Advisor (see attached policy.)

NAME OF BIG/VOLUNTEER _____

NAME OF CHILD _____

NAME OF PARENT/GUARDIAN _____

Please explain the location and brief description of the overnight activity (include departure and return date.)

Will anyone besides you and your Little be involved in the over-night activity? If so, please list their name and contact/role in the activity.

Please explain the purpose of the proposed overnight activity, and how it will benefit the child.

Describe the sleeping arrangements that allow for privacy:

Describe the arrangements for changing clothes and bathing/personal hygiene, that will also allow for privacy:

Additional details:

How can you be contacted during the activity?

How can the Parent be contacted during the activity, if needed?

Are there any medication issues for the child? If so, please list and detail how the meds will be administered (refer to Parent's application):

VOLUNTEER: I have read and understand YBBBS's Overnight Activities Policy. This application is accurate to the best of my knowledge. I have discussed this application with the child's parent and my Match Advisor. I understand that permission for this and any other overnights may be revoked at any time. I also understand that a new application must be submitted for each overnight. I commit to maintaining the safety of the child in my care to the best of my ability. I will contact the Match Advisor at the scheduled date and time and participate in a follow up discussion.

Volunteer signature

Date

YAVAPAI BIG BROTHERS AND SISTERS

PARENT/GUARDIAN REQUEST TO ALLOW AN

OVERNIGHT ACTIVITY FOR THEIR CHILD

Parent/Guardian Name: _____

How can the Big contact you in case of an emergency?

Who should the Big contact if you can't be reached?

**Please provide a list of medications your child is taking and
schedule/instructions for administration:**

**Please provide any information regarding your child's health (ie.
allergies, dietary restrictions, or other concerns):**

**Please provide any other information the Big should be aware of for
an overnight stay:**

Provide Date and Time for a follow-up call by the Match Advisor to discuss the overnight (this should be within a few days of the activity):

PARENT/GUARDIAN: I have read and I understand YBBBS's overnight activities policy. I have discussed this application with the Big and my Match Advisor. I agree to allow my child to participate in the overnight activity described in the application. I understand that permission for this and any other overnight may be revoked at any time. I have provided the Big with necessary information regarding allergies, medications, emergency contact information, and anything else pertinent to maintaining the safety of my child. I will contact the Match Advisor at the scheduled Date and time to participate in a follow up discussion.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

MATCH ADVISOR SIGNATURE _____ **DATE** _____

PROGRAM DIRECTOR SIGNATURE) _____ **DATE** _____

DATE OF FOLLOW UP CONTACT BY MATCH ADVISOR _____

COMMENTS FROM MATCH ADVISOR/PARENT CONTACT:

*****MATCH ADVISOR:** If overnight is approved, give a copy of each form to Parent and Big. Keep the original for follow up contact/file.