



SOME OTHER SOLUTIONS  
SOCIETY FOR CRISIS PREVENTION

## Community Helpers Program Parent Consent Form

2023-2024

Dear Parent or Guardian,

Your child has been selected to participate in the Some Other Solutions' Community Outreach Team's **Community Helpers program** in your school. This program is a peer helping program offered to youth and young adults ages 12 to 30 and adults who support youth. Topics that will be covered include:

- Ethics of helping
- Active listening
- How to respond in a Crisis
- Limits and strategies
- Healthy boundaries
- Understanding Suicide
- Stress and Coping
- Career and Work Concerns

The Community Helpers group will meet for 30-45 minutes once a week with a Some Other Solutions' Community Outreach Worker (Mentor) over a six (6) week period (optional flexibility). The program will be delivered on school premises or virtual platform and during business hours. The group programming is designed for students from grades seven to twelve (7 – 12) and permits for a minimum of 15 students. Your child will be grouped with other students to learn and develop skills to connect and strengthen communities. All staff associated with Some Other Solutions have been thoroughly trained, screened and investigated to ensure that they are deemed fit and safe to work with your child.

Should you have any questions or concerns regarding the Community Helpers program, your child's school or the Community Outreach Worker can provide you with additional information. If you would like your child to participate in the program, please talk to them about the program. If they are willing and comfortable with the program, please grant your permission by signing below.

Sincerely,

**Community Outreach Manager**

Some Other Solutions: Society for Crisis Prevention

780-743-8605 ext. 105

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_,  
 (Parent/Guardian Name) (Student's Name)

have read all the information regarding SOS Community Outreach Programs and agree that it will benefit my child and would like him/her to participate. I understand all rules and boundaries set before the school and Mentors.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Media Release Policy Agreement**

I, \_\_\_\_\_ hereby grant Some Other Solutions the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of the photographed images of my child for use in connection with the activities of Some Other Solutions or for promoting, publicizing or explaining the Some Other Solutions or its activities. This media release includes, without limitation, the right to publish such images in the Some Other Solutions promotional materials, such as, but not limited to marketing admissions, publications, advertisements, fund-raising materials and any other Some Other Solutions related publication. These images may appear in any of the wide variety of formats and media now available to Some Other Solutions and that may be available in the future, including but not limited to print, broadcast, video, CD-ROM, and electronic/online media.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_