

Hand in Hand Guardian Consent Form

Hand in Hand is a peer support program offered by Looking Glass Foundation. The program offers caring, personalized, confidential support to anyone aged 16 or older who wants to recover from an eating disorder. In Hand in Hand, each participant is paired with a trained Looking Glass volunteer who will meet with them on a weekly basis to provide empathetic encouragement and support. You can find out more about the program here: <https://www.lookingglassbc.com/hand-in-hand/>.

Anyone under the age of 19 is required to provide guardian consent for their participation in the Hand in Hand program. Please review this document, have a guardian sign it and send it to programs@lookingglassbc.com.

Until we receive this completed form, we will not be able to match you in Hand in Hand.

Participant Information

Participant Name: _____

Email: _____

Phone Number: _____

Date of Birth: _____

Address: _____

City: _____

Postal Code: _____

In case of emergency, please notify: _____

Phone number of Emergency Contact: _____

Confidentiality

As a Hand in Hand participant, you may choose to share a lot of information about your life and your experiences. In order to build safety and to protect your information, all volunteers must sign a confidentiality agreement which states that with the exception of Looking Glass staff, all communication between a volunteer and participant is confidential and cannot be released to anyone (ex/spouses, partners, parents, physicians, teachers, or government agencies) without the participant's consent.

Provincial laws and professional codes of ethics still require reporting of all cases of child abuse of children under the age of nineteen (19) years, elder abuse, or if the participant plans to harm him/herself or others. Looking Glass staff would need to be notified immediately of any such incidents. Looking Glass may disclose personal information to authorities if required or authorized by law, or if a Looking Glass community member poses an imminent risk of serious physical harm or death to an identifiable person or generally identifiable group of people, or to themselves.

For more information, please review the Looking Glass Foundation's Program Terms of Use which can be found on our Program Hub under Resources.

Safety

The Looking Glass Foundation does its best to thoroughly screen volunteers by requiring volunteers to successfully complete criminal record and reference checks before beginning the Hand in Hand program. While all volunteers will have passed these checks, we still ask that you take precautions to ensure your own safety and wellbeing if meeting face-to-face in the Hand in Hand program. Participants should not leave their valuables unattended or drive with their match in their vehicles, and all Hand in Hand matches should only meet in public places. You should use sound judgment when meeting in a public place with your match to ensure you feel comfortable and safe at all times.

I, _____, understand that as a Hand in Hand participant all information I share with my volunteer will be kept confidential except under the limitations listed above.

Signature of Participant: _____

Signature of Guardian: _____

Guardian Name: _____

Relationship: _____

Date: _____