



COMMUNITY FOR YOUTH



**CAMP. CONNECTION.
CAREER EXPLORATION.
COMMUNITY.**

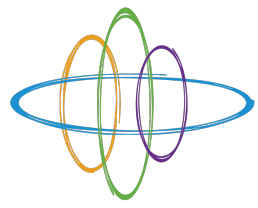
APPLICATIONS FOR FALL 2016

DUE *WEDNESDAY OCTOBER 5, 2016!*

Check us out online www.communityforyouth.org

Email miik@communityforyouth.org

Call/Text [\(206\)384-0489](tel:(206)384-0489) to learn more!



COMMUNITY FOR YOUTH IS A YOUTH MENTORING PROGRAM FOR STUDENTS LIKE *YOU!*

What We Do

Community for Youth combines one-on-one mentorship with directed workshops, adventure and play.

Who We Are

We're not just a mentoring organization — we're a *community*. Our structured curriculum pairs one-on-one mentoring with community workshops that develop youth leadership skills with peer driven support.

How We Work

CfY launches programming in the Fall and Winter with a jam-packed camping trip. You'll get to explore, play, and adventure with your Learning Community for 2 nights and 3 days (Friday-Sunday afternoon.) at YMCA Camp Colman. **At the end of this weekend, you pick your mentor!**

In addition to one-on-one sessions, our students and mentors meet monthly in small *Family Groups* of 7 to 8 pairs, as well as in Learning Communities of 40 pairs, for directed workshops that help our students build self-confidence, agency, and self-awareness.

Community workshops, and most other CfY functions, meet on Tuesday or Thursday nights from 6:00-8:30PM

How You Can Get Involved!

1. Fill out the student application by **Wednesday, October 5th, 2016!**
2. There are a couple ways to turn in your completed application. You could:

Turn it in at school!

Chief Sealth High School: Counseling Office

Cleveland High School: Teen Health Center or Attendance Office

Franklin High School: Main Office or Mr. Goldstein Counseling Office

Garfield High School: Y-Scholars Office

Rainier Beach High School: Success City, Rm. 265

South Lake High School: Chris Syrjala in the Career Office,

OR

Mail it in!

Community for Youth

999 Third Avenue, Suite 1080

Seattle, Washington 98104

3. Expect a call or school visit from our Outreach Coordinator to talk about your application and all of the exciting things ahead at CfY!
4. **Get ready! You're goin' to camp!**

2016-2017 STUDENT APPLICATION



Name: [Grid of 20 boxes]

What your friends call you: _____

Date of Birth: ___/___/___ Gender Identity: _____ Grade: ___ High School: _____

Race and Ethnicity: Check all that apply.

Asian ___ Black/African American ___ Hispanic/Latino ___ Native American ___ Pacific Islander ___ White ___ Other _____

Contact Information: Please circle the best way for CfY staff to contact you

Telephone: _____ / _____ Language(s) Spoken at Home: _____
Home Cell

Email: _____ Facebook Name: _____

Address: _____ Apt #: _____
Street City Zip Code

I can attend CfY functions on (circle ONLY one): TUESDAYS THURSDAYS

CfY STUDENT CONTRACT

This contract is between _____ (student name) and Community for Youth for a period of one school year. Upon the signing and acceptance of _____ (student name), Community for Youth, hereby known as CfY, gives entrance to said student into the CFY Mentoring Program. CfY promises to be available to support, coach and inspire _____ (student name) so that they learn to set and achieve goals, better direct their thinking and learn to build healthy relationships.

Initialing each line below is evidence you have read, understand, and commit to the following:

INITIAL EACH BOX HERE

Table with 2 columns: Initials, Commitment statements. Two rows have pink arrows pointing to the initial boxes.

I give my word to abide by the rules and guidelines of the Community for Youth Mentoring Program. I understand that information from this application may be shared with my mentor. This application was completed by me. I have read all of the information on this application and all of my answers are true to the best of my knowledge.

Signature

Date

Printed Name

Community for Youth Program Parent/Guardian Permission

Guardian Contact Info:

Parent/Guardian Name(s) _____

Parent/Guardian Cell: _____ Home: _____ Work: _____

Email: _____ Best time to call: _____

If there is an emergency and CfY Staff cannot reach you, we will call the following *Emergency Contacts*:

1) **Emergency Contact** _____

Phone (day) _____ (Eve) _____

2) **Emergency Contact** _____

Phone (day) _____ (Eve) _____

Medical Information:

Family Doctor _____

Health Insurance Provider: _____ Policy#: _____

Allergies to food or medication: _____

Physical and Mental Health Needs: _____

Medications (regular and occasional): _____

Is there any other information CfY Staff should know?: _____

Household Information: *This information is used for grant reporting purposes and will remain completely confidential. None of this information will prohibit your child from participating in CfY.*

• Does your child qualify for free/reduced cost lunch?----- YES NO

• Are you a refugee or immigrant?----- YES NO

• Are you or your family currently homeless?----- YES NO

• Does your child have a case worker?----- YES NO

If YES, please provide a Name and Phone # _____

• Is your child enrolled in IEP?----- YES NO

• Does your child have any food restrictions or allergies?----- YES NO

If YES, please list: _____

• Does your child have any medical needs CfY should know about?----- YES NO

If YES, please explain: (For example, "I require an ASL interpreter.") _____

Please write out your household composition. For example: Dad, grandma, and 2 brothers.

In order to grant permission for your child to participate in Community for Youth's Mentor Program, please read the following carefully, initial each paragraph and sign below:

_____ I understand my child will be participating in activities outside the school campus on a regular basis on Tuesdays or Thursdays from 6-9pm. I hereby consent to their participation in activities/meetings that are sponsored by Community for Youth or arranged by my child's mentor.

_____ I understand that the Community for Youth mentors or staff may transport my child to/from activities or workshops. I give permission for my child to be transported on field trips, appointments, meetings, and other activities.

_____ I grant permission for my child to be interviewed and/or photographed for school or Community for Youth use and for use by publications, television, radio, or newspaper media. I will not hold Community for Youth responsible for the content of the story or photographs.

_____ I authorize emergency medical/surgical treatment by any licensed health practitioner or dentist in the event of an illness, accident, or other emergency. I agree to be financially responsible for any treatment. I will not hold Community for Youth liable for medical and/or surgical treatment in case of illness, accident or any other emergency situation.

Parent/Guardian Signature

Date

Printed Name

Child's Name (please print):

LAUNCH COURSE PERMISSION

I give my child permission to participate in a two day overnight launch course in the King County area on October 21st - 23rd, November 4th - 6th, or February 17th - 19th. Students will travel by bus to the camp site after school on Friday and will return by 5:00PM on Sunday.

There are no costs for your child.

I understand that there will be adult supervision and that the trip is intended to be fun, educational, and physically and emotionally engaging for my child. In order to make this as successful as possible for all participants, students will be required to sign a contract agreeing to a number of guidelines.

Tobacco, recreational drugs, alcohol, and weapons are prohibited in the Community for Youth program. Please remind your child that they should not bring valuables (i.e. cell phone, laptop, iPod) or food. For the safety of my child I understand that all students will be checked for possession of above items before being allowed to participate.

Parent/Guardian Signature

Date

Printed Name

YMCA Camp Colman

All participants of programs and events at Camp Colman must bring this signed Release of Liability & Acknowledgment of Risk with them to Camp. Forms of participants under the age of 18 must be signed by a parent or legal guardian.

Participant Name (Please Print): _____ Birthdate: _____

Gender: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Email: _____

If participant is under the age of 18, parent or guardian's name
(Please Print): _____

Acknowledgment of Risk

I am aware that I will have the opportunity to participate in camp activities involving a degree of risk. These activities may include warm ups, games involving running, group initiative problems, Giant Swing, and other rigorous physical adventure activities. I also understand that being out-of-doors for periods of time I may be exposed to wind, rain, and other natural elements, fire or wildfire. I may have the opportunity to participate in camp-facilitated activities including: field and court games, archery, row boats, arts and crafts and marine tank exploration. If doing a ropes/challenge course, I understand that, wearing harnesses and helmets, I may be climbing trees, walking on cables and logs that are suspended in the air. If participating in water activities, I understand that I may be exposed to cold water, wind, rocky beaches, hypothermia, and possibility of drowning. I also understand that I may be cooking out of doors, using stoves, and other kitchen materials. I understand that there is a degree of physical and emotional risk associated with this type of activity. I am aware that participation in these activities is by the choice of the individual and has inherent risks. I understand that if I have high blood pressure or a cardiac condition I should consult my physician before participating in high adventure activities. I also understand that if I am pregnant I should not participate in high adventure activities. Recognizing that the camp will do its best to ensure a safe experience, I understand that certain dangers or accidents may occur.

Release of Liability

I agree to release and indemnify the YMCA of Greater Seattle (its directors, officers, employees, agents and volunteers, collectively "YMCA" from any loss, damage or cost incurred due to my participation whether caused by the ordinary negligence of the YMCA releases or by any other person. I assume full responsibility for the risk of such loss, liability, damage, injury or death.

Photo Release

I give permission for the YMCA (local, national, and international) to use, without limitation or obligation, photographs or other media that may identify or include the image or voice of me or my child to promote or interpret YMCA programs for any business purpose, including media coverage. I waive all claims for any compensation for such use.

Participant's Signature

Date

Signature of Parent/Legal Guardian if participant is under 18 years old

Date

Updated 12/10/2014



Community Based Organization Parent/Guardian Consent Form 2016-2017 Approval

Community for Youth

Organization Name

Sarah Larson

Organization Contact Name

(206) 696-3478

Contact Email/Phone Number

Consent to Release of Education Records Under the Family Education Rights and Privacy Act (FERPA)

I consent to the release of my child’s education records from the Seattle School District to the above listed agency.

I understand that education records include, but are not limited to:

1. Student name, DOB and contact information
2. Student Demographics: including Special Education status and 504 Status and race/ethnicity
3. Attendance History
4. Discipline History
5. Coursework and grades History
6. Test Scores History
7. Enrollment History
8. Assignment Grades
9. Upcoming & Missed Assignments

This release includes permission for agency staff to access my child’s academic records using an automated data feed through Seattle Public Schools.

I understand that the purpose of sharing these records is to keep Community for Youth staff informed of my child’s academic program and progress. Agency staff will work with my child and/or his/her school in an effort to improve my child’s success at school. I acknowledge that I may revoke this consent by sending a written notification to the Seattle School District’s School & Community Partnership Department, MS: 32-159 P.O. Box 34165 Seattle, WA 98124.

This Release of Information will make the above-listed educational records, which includes historical student data, available to agency staff from the date of consenting signature until December 31, 2017.

I consent to Seattle School District releasing information to the above listed agency (please print clearly):

Parent/Guardian Signature (if youth is 17 or younger): _____

Parent/Guardian Printed Name: _____

Student’s Signature (if youth is 18 or older): _____

Today’s Date: _____

PRINT **Student’s Name** (First and Last name)

Student **Date of Birth**

Student **School District ID #

Student’s School

**Student ID# can be found on student ASB card, report card, official school mailing, or by contacting your student's school.
For more information please refer to www.seattleschools.org/communitypartnerships