



Dear Interested Parent/Mentee:

Thank you for your desire to participate in The Commissioner Bruce Holmes Youth Foundation's Mentoring Program, "**Project Blossom**". The program was developed to enhance and promote leadership development, achievement, and success for the youth of Henry County.

The mentoring sessions will center on the tenets of Healthy Living, Education, Athletics and Leadership (H.E.A.L.) with an emphasis on etiquette, dressing for success, the arts, public speaking, community service, and cultural exposure.

The program seeks to promote positive self-esteem, academic and artistic intelligence, positive interaction between our youth and the adult community, as well as encouraging the pursuit of higher education.

"**Project Blossom**" will challenge your youth to excel by consistently exposing them to successful, alternative ways of living. "Project Blossom" raises the standard of excellence and expectation among our youth; "**Project Blossom**" promotes a climate of cultural enhancement through workshops such as business etiquette and public speaking; and "**Project Blossom**" mobilizes the adult community to give back by serving as mentors and coaches.

Please find attached a copy of the Mentee application, it is critical that each of the forms be completed and submitted to the Foundation. All information will be held in strict confidence and only shared on an "as need" basis. Upon completion and processing, a copy of your submittal will be returned to you for your records. Please maintain this document throughout the duration of the Program.

The mentors for our program are carefully selected. Each individual has to complete a full background check. The Henry County Sheriff's Department conducts this investigation. No one with a criminal, child abuse, or child predator background is allowed to serve as a mentor.

Our very first meeting will consist of an introductory orientation. During this meeting we will provide board and mentor contact information, a schedule of events, a personal survey for our participants, and any additional information that you or your Mentee might need. We sincerely appreciate your participation in our program and look forward to being your partner in the ongoing development of your future adult.

Best Regards,

The Commissioner Bruce Holmes Youth Foundation,



**PERSONAL INFORMATION:**

Name of Applicant \_\_\_\_\_

Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

**SCHOOL INFORMATION**

School \_\_\_\_\_ Grade Level \_\_\_\_\_

Guidance Counselor Name \_\_\_\_\_

Enrichment Workshops will be held at the Fairview Recreation Center, 35 Austin Road, Stockbridge, GA 30281



**PARENTAL AFFIRMATION:**

I, \_\_\_\_\_ Parent/Guardian, under penalty of perjury, do hereby affirm to the **Commissioner Bruce Holmes Youth Foundation, Inc. (CBHYF)** that I authorize the participation of \_\_\_\_\_, Participant Minor Child, in the **“Project Blossom”** mentoring program (including planned activities), and that I have legal authority to provide my consent and authorization for such participation.

Printed Name: \_\_\_\_\_

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

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

Relationship to child: \_\_\_\_\_

**CONFIDENTIALITY POLICY:**

It is the policy of the Commissioner Bruce Holmes Youth Foundation (CBHYF) to protect the confidentiality of its youth participants and their families. To carry out the mission of **“Project Blossom”** youth initiatives, the CBHYF must collect certain personal information about youth participants and their families, including, but not limited to, the following "Confidential Information":

- Name, address, and age of participant
- School participant attends
- Names and addresses of parents or guardian
- Medications and physical conditions/limitations

**LIMITS OF CONFIDENTIALITY:**

Confidential information may be shared with individuals or organizations as specified below under the following conditions, and provided that the party who seeks any disclosure agrees in writing to maintain the confidentiality of the disclosed information as specified in this Confidentiality Policy:

- CBHYF Board Members or volunteers

Any directive shall identify the person(s) authorized to review such records; the specific purpose for such review; and the period of time during which access shall be granted. Members of the Board granted access shall be required to comply with this Confidentiality Policy and may use the information only for purposes specified



in the Bylaws of the foundation Information may only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena or court order. Information may be provided to CBHYF's legal counsel in the event of litigation or potential litigation involving CBHYF and/or the Program participants or any aspect of the Program Members of CBHYF and volunteers who observe or suspect child abuse are "mandatory reporters" and, as such, must disclose suspected abuse to the proper authorities, and in making such reports, may disclose "Confidential Information."

**SAFEKEEPING OF CONFIDENTIAL RECORDS:**

The Chair of CBHYF or the Chair's designee shall be the custodian of confidential records. It is the Chair's responsibility to supervise the management of Confidential Information in order to ensure safekeeping, accuracy, accountability, and compliance with this Confidentiality Policy.

**REQUESTS FOR CONFIDENTIAL INFORMATION BY OTHER AGENCIES:**

Any request from other organizations or persons for Confidential Information shall be honored only if the request is accompanied by written authorization from the parents or guardians of the youth participant expressly permitting the release of the requested information.

**VIOLATIONS OF CONFIDENTIALITY POLICY:**

Known violations of this Confidentiality Policy (by volunteers or youth participants) shall be reported to the Foundation. A violation of this Confidentiality Policy shall result in disciplinary action up to and including suspension or termination from the Program, as appropriate.

**NO LIABILITY:**

There shall be no liability to CBHYF, or any volunteer or youth participant for disclosing information that is required to be disclosed by a court, an administrative body of competent jurisdiction, a governmental agency, or by operation of law.



## CONFIDENTIALITY POLICY ACKNOWLEDGEMENT

By my signature, I acknowledge that I have received a copy of CBHYF's policy on Confidentiality. I am also acknowledging that I am aware of and agree with this policy.

Mother/Guardian Print \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Print \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## WAIVER AND RELEASE

I, \_\_\_\_\_, Parent/Guardian, on behalf of \_\_\_\_\_  
\_\_\_\_\_ ("Participant Minor Child") do hereby release, waive, discharge, covenant not to sue and agree to hold harmless CBHYF, its Board Members, representatives, agents, affiliates, and assigns (collectively "Releasees"), from any and all claims, demands, and actions of any and every kind directly or indirectly arising out of or relating in any respect to Participant Minor Child's participation in the "Project Blossom" Mentoring Program. My waiver and release of all claims, demands, actions, and liability shall include without limitation, any injury, illness, death, property damage or loss to the Participant Minor Child which may be caused by any act, or failure to act, by the Releasees, unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of any Releasee. I understand that, without limitation of the foregoing, CBHYF, nor the Program, shall be liable and each is hereby released from all claims that may arise from loss or damage to the Participant Minor Child's personal property.

Parent/Guardian Print \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## PHOTOGRAPH AND VIDEO AUTHORIZATION AND RELEASE FORM

I/We \_\_\_\_\_ (“Parent/Guardian”), as parent(s) or legal guardian(s) of \_\_\_\_\_, give permission for CBHYF to publish on the Internet or media still photographs or moving images, including, if applicable any sound recordings accompanying the images (“Images”) taken of my child at “**Project Blossom**” Mentoring Youth Program on any scheduled date of programming and activities, without payment or any consideration and without notifying me.

I/We understand and agree that these Images will become the property of the Foundation, which shall have complete ownership of the Images. I hereby irrevocably authorized CBHYF to publish or distribute these Images for the purpose of publicizing CBHYF’s programs, including the “Project Blossom” Mentoring Program or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my child’s likeness appears. Additionally, I waive any rights to royalties or other compensation arising out of or related to the use of the Images.

I/We hereby hold harmless and release and forever discharge CBHYF and any of its officers, volunteers and members; representatives; agents; and assigns from any and all claims, costs, suits, actions, judgments, and expenses which my child, his/her heirs, representatives, executors, administrators, or any other persons acting on his/her behalf have or may have by reason of the use of the Images. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said Images, unless it can be shown that such was maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn and indignity.

I/we hereby certify that I/we are the parents/guardians of \_\_\_\_\_, and do hereby give my/our consent without reservation to the foregoing on behalf of my/our child.

Mother/Guardian Print \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Print \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## YOUTH PICK-UP AUTHORIZATION FORM

I authorize the persons listed below to pick-up my child from the **“Project Blossom”** Mentoring Program. For my child's safety, I understand that all authorized persons on the list below will be asked to show photo identification before my child is released to them; therefore, I will notify all authorized persons of this requirement so that they will have photo identification with them when they arrive to pick-up my child. *(Please include names of either parents or guardians on list below).*

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

By my signature, I acknowledge that I have read and agree with this policy as it is described above and authorize CBHYF to release my child to the persons listed above. I also agree to notify CBHYF in writing of any changes to the above list of authorized persons

Mother/Guardian Print \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Print \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





## FIELD TRIP PERMISSION GUIDELINES

I, we, \_\_\_\_\_ (“Parent/Guardian”), as parent(s) or legal guardian(s) of \_\_\_\_\_ (“Child”), give permission for my/our Child to participate in the “**Project Blossom**” Mentoring Program’s activities taking place off site. I/we understand that transportation to and from these activities will be provided for my/our Child by the CBHYF.

I/We understand that the field trips are part of the program and if I/we choose to not have my/our Child participate in one or more off-site activities, I/we must make other care arrangements for my/our child during the times of that field trip activity.

I/We assume all risks and hazards of loss or injury of any kind that may arise in connection with such trips, except for gross negligence or intentional infliction of harm by the volunteers, its, agents or Board members.

I/We do hereby agree to release and hold harmless the CBHYF, its Board members, volunteers, representatives and assigns from any and all claims, costs, suits, actions, judgments, and expenses for any damage, loss, or injury to my/our child or damage to my/our child's property arising from my/our child's participation in field trips, other than damage, loss, or injury that results from gross negligence or intentional infliction of harm by the, CBHYF its Board members, volunteers, and representatives.

Mother/Guardian Print \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Print \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Minor's Gender  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_

Parent/Guardian First Name: \_\_\_\_\_

Parent's E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Below please check any current health condition that may require attention during the Program day. Also Complete and submit the Medication Authorization Form if your child has health conditions that require medication during the Program day.

**Allergies/Sensitivities (be specific)**

Foods \_\_\_\_\_

Medicines \_\_\_\_\_

Bee sting or insect bite \_\_\_\_\_

Other \_\_\_\_\_

- Asthma  Inhaler required at Program  ADD/ADHD  Hearing Aid(s)
- Vision Problems  Glasses  Contacts  Hearing Problems
- Other \_\_\_\_\_

List all medications and dosages your child receives on a continual basis:

\_\_\_\_\_  
\_\_\_\_\_



**EMERGENCY CONTACT INFORMATION**

Parent/Guardian #1

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Parent/Guardian #2

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

**If for any reason I/we cannot be reached, please contact the following person(s) whom I/we hereby authorize to seek emergency medical or surgical care for my/our child.**

Name \_\_\_\_\_ Relationship to Mentee \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Mentee \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_



**In the event that the program is unable to reach any of the individuals named above promptly by phone, I/we authorize the Program to seek and secure any emergency medical or surgical care for my/our child. I/We will be responsible for any and all expenses incurred and authorize the medical facility at which treatment is rendered to release all necessary information to my/our insurance company.**

Name of Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Name of Policy Holder's Employer \_\_\_\_\_

Mother/Guardian Print \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Print \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## CODE OF CONDUCT FOR CBHYF

CBHYF is a youth-serving, community-based organization dedicated to providing programs and partnerships, which help young people, reach their fullest potential. Participation in the organization's programs is subject to the observance of the organization's rules and procedures. *The activities outlined below are strictly prohibited.* Any participant or staff member who violates this Code is subject to discipline, up to and including removal from the program.

- Respect the property rights of other. This means do not damage or deface the building or property within the building where CBHYF activities are held; do not damage or take the personal property of any other participant or volunteer
- Abusive language towards a staff member, volunteer or another participant
- Assume full responsibility for all personal belongings. Please leave valuables at home
- Possession or use of alcoholic beverages or illegal drugs while participating in program activities property or reporting to the program while under the influence of drugs or alcohol
- Bringing dangerous or unauthorized materials such as explosives, firearms, weapons or other similar items
- Discourtesy or rudeness to a fellow participant, staff member or volunteer
- Stay within the program's designated areas within the building
- Verbal, physical or visual harassment of another participant, staff member or volunteer
- Actual or threatened violence toward any individual or group
- Conduct endangering the life, safety, health or well being of others.
- Failure to follow any CBHYF policy or procedure
- Bullying or taking unfair advantage of any participant.
- Failing to cooperate with an adult supervisor/leader/mentor



**CODE OF CONDUCT – Continued**

**Violating Code of Conduct (Depending on severity of violation, there may be circumstances when one or more steps are bypassed)**

**Bad Language/Abusive Teasing and Related Acts:**

1st Time: Verbal warning, parent or guardian notified from this point forward

2nd Time: 2-day suspension from program

**Next occurrence youth is removed from the program.**

**Physical Violence and Other Misconduct:**

1st Time: Removal from situation, guardian notified from this point forward

**Next occurrence youth is removed from the program.**

**Illegal Substances or Dangerous Weapons**

1st Time: Youth is removed from the program. If a youth is in possession of an illegal substance or dangerous weapon, the police will be notified as well.

I have read and I understand the CBHYF Code of Conduct. I agree to abide by the Code of Conduct described above and understand that I may be removed as a participant if I violate any of these rules.

Participant Print \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Print \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **INTERNET/SOCIAL MEDIA USE POLICY**

This policy relates to the use of computers or Internet/Social Media access through, during, or as part of any CBHYF program or activity or sponsored event. The purpose of the policy is to protect the participating youth from gaining access to undesirable materials on the Internet and to prevent unacceptable use of the Internet by youth participants, including, but not limited to, using the Internet for cyber-bullying.

### **Examples of Prohibited Materials**

- Pornographic images or obscene images or text on Internet web sites or social media sites;
- Material that contains abusive, profane, inflammatory, coercive, defamatory, blasphemous or otherwise offensive language on web sites or in e-mail messages; and
- Racist, exploitative or illegal material or messages on web sites, social media sites or in an e-mail.

### **Examples of Prohibited Use**

- Deliberately searching for and accessing prohibited materials;
- Creating and transmitting e-mail messages that contain unacceptable language or content such as that listed above
- Creating and publishing Internet materials that contain unacceptable language and content

### **Examples of Cyber-bullying**

Cyber-bullying includes, but is not limited to, the following misuses of technology: harassing, teasing, intimidating, threatening, or terrorizing another individual by way of any technological tool, such as sending or posting inappropriate or derogatory email messages, instant messages, text messages, digital pictures or images, or web site postings

### **Unintentional Exposure of Youth to Prohibited Materials on the Internet**

It is the CBHYF's policy that the Foundation must undertake every reasonable step to prevent exposure of youth participants to undesirable materials on the Internet. It is recognized that this can happen not only through the youth deliberately searching for such materials, but also unintentionally when a justifiable Internet search yields unexpected results.

To prevent such occurrences CBHYF shall adopt the following practices:

- Filtering sites by language content and prohibit sites with unacceptable vocabulary.
- Strictly supervise Internet usage

### **Intentional Access of Prohibited Materials by Youth**

CBHYF shall explain clearly and firmly to the youth that they are prohibited from intentionally accessing prohibited material on the Internet. The youth also must be informed that if she/he violates this policy, she/he will be disciplined and her/his parents or guardian will be notified.



**Deliberate Access to Prohibited Materials by Adults**

Adults/Volunteers are prohibited from deliberately accessing prohibited materials. Any adult who violates this policy will be terminated as a volunteer.

**Parental Approval of Publication of Photographs or Other Materials**

CBHYF may publish photographs of youth participants on the Internet, so long as the parent or guardian has granted authorization.

By my signature, I acknowledge that I have read and agree with the policy on Internet and Social Media Usage as it is described above.

Mother/Guardian Print \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Print \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please visit our website at [www.cbhyf.org](http://www.cbhyf.org) for more information and to download the complete application packet for participating in “**Project Blossom**”. For questions relating to “**Project Blossom**” please email [info@cbhyf.org](mailto:info@cbhyf.org).