

**Building Resilience in African-American Families (BAAF)
Africentric Youth & Family Rites of Passage Program Application**

Region (Check the region you are applying to):

Desert

Palm Springs, Desert Hot Springs
Cathedral City, Palm Desert
**Family Health & Support
Network, Inc.**
74426 Alessandro Drive
Palm Desert, CA 92260

Western

Moreno Valley/Riverside
Sigma Beta Xi, Inc.
14340 Elsworth St., Suite B112
Moreno Valley, CA 92553
(951) 247-0200

Perris

**Riverside County
Black Chamber of
Commerce**
Bethel AME Church
24480 Sophie St.
Perris CA 92510
Office # 951.823.0175

GENERAL INFORMATION

FIRST NAME		MIDDLE NAME	LAST NAME	
Is there another name you are called? If yes, what?		GENDER	DATE OF BIRTH (MM/DD/YY)	AGE
STREE ADDRESS				
CITY			STATE	ZIP
HOME/PRIMARY PHONE		PRIMARY PARENT CELL NUMBER:		

SCHOOL INFORMATION

SCHOOL CURRENTLY ATTENDING				
PUBLIC, PRIVATE OR NON-PUBLIC SCHOOL		SCHOOL MAIN PHONE NUMBER:	SCHOOL DISTRICT:	
GRADE	GPA OR ADVERAGE GRADE	SCHOOL COUNSELOR / TEACHER CONTACT:		

FAMILY INFORMATION	MOTHER	FATHER
FULL NAME:		
OCCUPATION:		
PRIMARY LANGUAGE(S) SPOKEN AT HOME:		
WHICH PARENT(S) LIVE WITH YOU:		

STATISTICAL INFORMATION (for information purpose only)

Ethnicity:

African-American White/Anglo Native American/Am Indian
 Native Hawaiiian/Pacific Islander Asian American Latino/Hispanic
 Other (please specify) _____

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Please print or type

Youth Personal Information:

Question	Answer		
Please identify your Social Media	FACEBOOK	TWITTER	INSTAGRAM
List any hobbies you have.			
List your talents (i.e., music, art, acting, crafts, sports, etc.)			
List your skills (computers, audio visual, gaming, photography, cooking, etc.)			
What is your favorite subject in school and why?			
What is the most important thing in your life?			
Who is the most important person(s) in your life?			
List any programs or clubs you have been associated with in the past.			
What do you hope to gain from this program?			
How did you learn about this program?			

Signature:

If accepted, I agree to fully participate and commit to the Rites of Passage Program.

Signature of Applicant

Date

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Please print or type

Parent/Guardian Consent Form

Student Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: _____ Cell Phone: _____

I, the parent or guardian of the above named child, hereby register him for participation in the Rites of Passage Program and fully agree to the rules and regulations of the Rites of Passage Program and do hereby release (check one) **Desert - Family Health & Support Network, Inc.**, **Western – Sigma Beta Xi, Inc. or** **Perris – Black Chamber of Commerce** and its directors, representatives, employees, and volunteers from any liability and from all responsibilities from injuries of any nature incurred while participating in the Rites of Passage Program. I understand that my child will be supervised by a professional at all times, and that medical insurance is my responsibility.

Emergency Medical Treatment

In the event _____ (youth's name) becomes ill or sustains an injury while in the care of or under the supervision of the Youth Program coordinators and volunteers or other (check one) **Desert - Family Health & Support Network, Inc.**, **Western – Sigma Beta Xi, Inc. or** **Perris – Black Chamber of Commerce** representatives, they are given permission to administer first aid for his relief. In case of emergency, permission is given to take my child to the nearest appropriate emergency or clinic facility.

Family Doctor: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Allergies (if any): _____

Names(s) of any medication currently taken: _____

In case parent/guardian cannot be reached in an emergency, please contact:

Name: _____

Relationship: _____ Phone: _____

I HAVE READ, UNDERSTOOD, AND AGREED TO ALL OF THE ABOVE.

Name of parent/guardian (Please print) _____
Date

Parent/Guardian's Signature

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Please print or type

Photograph Release Form

This agreement is made between (check one) **Desert - Family Health & Support Network, Inc.,**
 Western – Sigma Beta Xi, Inc. or **Perris – Black Chamber of Commerce.**

Please print participant/child's name above

I, hereby grant permission for (check one) **Desert - Family Health & Support Network, Inc.,**
 Western – Sigma Beta Xi, Inc. or **Perris – Black Chamber of Commerce** to use photographs for use in any and all media and methods of transmission and/or distribution now or hereafter known, including but not limited to film, print, video, computer. Worldwide Web, Internet Websites, Email, FTP, computer network, and digital reproduction and distribution for illustrations and promotion, advertising, trade, sales or any other purpose whatsoever. I hereby waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to organization or unknown, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur in relation to the finished product.

I hereby agree to hold harmless (check one) **Desert - Family Health & Support Network, Inc.,**
 Western – Sigma Beta Xi, Inc. or **Perris – Black Chamber of Commerce** from and against any claims and waive any right to royalties or other compensation arising from or related to the use of the photographs.

PERMISSION GRANTED FOR THE USE REQUESTED ABOVE

Parent/Guardian's Signature

Name (Print Name)

Date

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Check List:

- Complete Application – total of 4 pages
- Provide current class schedule with teacher’s name and school counselor

Please mail or drop off application to:

Desert Region

Family Health & Support Network, Inc.

74410 Hwy 111, Suite D

Palm Desert, CA 92253

760/340.2442 Office

760/773.6475 Fax

www.fhsnet.org

email: saustin@fhsnet.org

Western Region

Sigma Beta Xi, Inc.

14340 Elsworth Street, Suite B112

Moreno Valley, CA 92553

Tel: 951-247-0200

Perris

If assistance is needed to complete the application, please contact the organization you are applying to and ask for a ROP Representative.