APPLICATION PACKET

Completed applicants can be returned to either a member of the leadership team or hamer_lou@flbinstitute.org.
The Fannie Lou Hamer Institute of Advocacy & Social Action

Participant Application

Part I. Personal Information

<table>
<thead>
<tr>
<th>Today’s Date</th>
<th>Name</th>
<th>Age</th>
<th>Phone</th>
</tr>
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<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tr>
<th>Applicant Email Address</th>
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<table>
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<tr>
<th>Current School Attending</th>
<th>Grade</th>
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II. Parental Information

Parent/Guardian (1)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tr>
<th>Primary Contact#</th>
<th>Secondary Contact #</th>
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<td>home( ) work( ) cell ( )</td>
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<table>
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<tr>
<th>Parent Email Address</th>
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Parent/Guardian (2) (Optional)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</table>
Parent Email Address

Activities & Honors: Please describe your involvement in extracurricular school activities and community service. Provide a brief overview of any special awards received for academics, athletic and/or other achievements. Use a separate sheet of paper if additional space is required.

In 150 words or less tell us what you can contribute to the program and what you hope to gain from the Fannie Lou Hamer Institute of Advocacy & Social Action. Your essay must be submitted with your application.
The Fannie Lou Hamer Institute of Advocacy & Social Action

AGREEMENT TO PARTICIPATE

We have read and agree with all the information provided for Fannie Lou’s Girls Program, sponsored by The Fannie Lou Hamer Institute. Please accept (our/my) signature(s) as (our/my) consent to have her participate. You may count on (us/me) for support and assistance whenever appropriate.

Student Signature

Parent Signature (1)

Parent Signature (2)

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 The Fannie Lou Hamer Institute of Advocacy & Social Action, Inc., its subsidiaries, its officers, representatives, agents, affiliates, and assigns (collectively “Releases”), 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 Fannie Lou Hamer Institute of Advocacy & Social Action.

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 cause by any act, or failure to act, by the Releasee, 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, neither the Institute, 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.

Printed Name

Signature

Date
Medical Information

Name________________________________________________________

Date of Birth________________________________________________

Home Phone__________________________________________________

Cell Phone____________________________________________________

Address______________________________________________________

City________________________State_________________________Zip____

Emergency Contact Name_______________________________________

Emergency Contact Phone_______________________________________

Hospital Preference____________________________________________

Medications____________________________________________________

Allergies_______________________________________________________

Other Pertinent Medical Information________________________________

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.

1. Name_____________________________________________________

   Relationship________________________________________________

   Address_____________________________________________________

   City________________________State_________________________Zip____

   Home Phone________________________Work Phone_________________

   Cell Phone__________________________________________________

2. Name_____________________________________________________

   Relationship________________________________________________

   Address_____________________________________________________

   City________________________State_________________________Zip____

   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.

Parent/Guardian Signature __________________________________________ Date ____________

Parent/Guardian Signature __________________________________________ Date ____________

CODE OF CONDUCT FOR FANNIE LOU'S GIRLS PROGRAM

1. Respect all participants (other youths and adult volunteers) by not using foul, hurtful or obscene language or engaging in physical violence, bullying (including cyber-bullying) or other aggressive behaviors that threaten the safety of others.

2. Respect the property rights of others. This means do not damage or deface the building or property within the building where chapter activities are held; do not damage or take the personal property of any other participant or volunteer; and do not use the Program’s name or any symbol or logo (Fannie Lou’s Girls’ intellectual property) on any clothing, books, bags or other items.

3. Return supplies to their proper place after using them.

4. Clean up all work areas properly.

5. Listen carefully to directions and when someone else is talking.

6. Respect designated quiet areas, such as homework/reading area.

7. Stay within the Program’s designated areas within the building.

8. Cooperate and participate in organized activities.

9. Assume full responsibility for all personal belongings. Please leave valuables at home.

10. Do not bring any weapons, cigarettes/drugs, alcohol, or anything illegal to any activity at any time.

Sanctions for Violating Code of Conduct

Bad Language/Abusive Teasing and Related Acts:
1st Time: Verbal warning, parent or guardian notified from this point forward
2nd Time: Loss of Privileges
3rd Time: 1-day suspension from program
4th Time: 1-week suspension from program

Physical Violence and Other Misconduct:
1st Time: Removal from situation, loss of privileges, guardian notified from this point forward
2nd Time: 1-day suspension from program
3rd Time: 1-week suspension from program

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.

With my parent or other adult, I have read the Code of Conduct and sanctions for violating the Code. I understand the Code and the sanctions. I will follow the Code of Conduct.

Student Printed Name________________________
Signature & Date______________________________

I have read and understand the Code of Conduct and sanctions for violating the Code of Conduct. I understand that my child’s compliance with the Code of Conduct is a condition of her participation in the Fannie Lou’s Girls Program. I agree that the sanctions for violating the Code of Conduct are reasonable and will help my child comply.

Parent Printed Name________________________
Signature & Date______________________________

YOUTH PICK-UP AUTHORIZATION FORM

I authorize the persons listed below to pick-up my child from the Fannie Lou’s Girls 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________________________
Cell Phone________________________ Alternate Phone________________________

Name________________________
Relationship________________________
Cell Phone________________________ Alternate Phone________________________

Name________________________
Relationship________________________
Cell Phone________________________ Alternate Phone________________________

Name________________________
Relationship________________________
Cell Phone________________________ Alternate Phone________________________

By signing below, I verify that I have read and agree to the Student Pick-Up policies described above and authorize the Fannie Lou Hamer Institute of Advocacy & Social Action to release my child to the persons listed above. I also agree to notify the Fannie Lou Hamer Institute of Advocacy & Social Action in writing of any changes to the above list of authorized persons.
Photo Releases

I grant permission for the Fannie Lou Hamer Institute of Advocacy & Social Action, Fannie Lou’s Girls Program to include my daughter ______ in pictures taken at the Fannie Lou Hamer Institute of Advocacy & Social Action, Fannie Lou’s Girls’ activities held throughout the year. I also give permission for Fannie Lou’s Girls to use the pictures when explaining the purpose and objectives of the Fannie Lou Hamer Institute of Advocacy & Social Action, Fannie Lou’s Girls to the community.

Workshop Permission

I grant my daughter, ________________________, permission to participate in the workshops presented to Fannie Lou’s Girls. I understand that most of the workshops are listed in the Fannie Lou Hamer Institute of Advocacy & Social Action, Fannie Lou’s Girls Program yearly calendar.

If you have any objectionable topics, please list them and sign below:

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