

YOUNG MEN OF VALOR



Dear Parent/Guardian:

Young Men of Valor is a free year round mentoring program for fatherless, young men between the ages of 10 to 18. This means no father/step father is in the home. The program focuses on developing character and leadership among the program participants. Young men will meet once or every other week with young men in their communities who will hold them accountable and grow with each other to be positive leaders in their community and school.

Young Men of Valor assure that your son will have a mentor that visits them at school, sets goals, and holds them accountable. Your son will participate in group mentoring sessions, community service, and field trips through the year. They will also participate in leadership camps throughout the year.

Attached is an application for the custodial Parent/Guardian to complete. On page two of the application there is a section for the child to write why he wants to be a part of Young Men of Valor.

Thank you for your interest and cooperation in completing the attached application. If you have, any questions or concerns please call 334-226-0142.

Sincerely,

Henry D. Tellis, Executive Director



Mentee Application

“For I know the plans I have for you,” declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future.” Jeremiah 29:11

Must be filled out by parent/guardian. Please print clearly in blue or black ink.

Child's Name _____
First Last Nickname (if goes by)

Age _____ Birth date ____/____/____ Home Phone () _____ - _____

Race:

- American Indian or Alaskan native Black or African-American White or Caucasian
 Hispanic or Latino Asian Native Hawaiian or other Pacific Islander Other _____

Home Mailing Address: _____
Street

City State Zip Code Child Cell () _____ - _____
DO YOU TEXT? YES NO

E-Mail Address (Parent/ Guardian): _____

E-Mail Address (Child): _____

Current Grade Level _____ School Name _____
(4th grade, 5th grade, etc...)

School Phone Number _____

Who has legal custody of child:

1. _____ / _____
Parent/Guardian Name Relationship

Daytime Phone: () _____ - _____

Cell Phone: () _____ - _____

2. _____ / _____
Other Parent's Name Relationship

Daytime Phone: () _____ - _____

Cell Phone: () _____ - _____

3. Grandparents Name: _____ Phone #: _____

For office Use only:

Date Received: _____ Date Reviewed: _____ Accepted or Declined

Who lives in your household with the young man now? (List everyone living in your household, *even if temporary*)

(1) _____ (2) _____
Full Name Relationship Full Name Relationship

(3) _____ (4) _____
Full Name Relationship Full Name Relationship

(5) _____ (6) _____
Full Name Relationship Full Name Relationship

How often does your son see or talk to his father/step-father? _____

Please describe their relationship. _____

Confidential Information: Does your child have any emotional, physical, or behavioral conditions that might affect his program experience? If so, please explain: _____

Who recommended you to Young Men of Valor?

Name

Relationship or Occupation

Phone: () _____ - _____

CHILD–Please write in your own words why you want to be a Young Man of Valor (Attach another sheet of paper if necessary)

MOTHER/GUARDIAN–Why do you want your son to be a Young Man of Valor? _____

COMMENTS–Please use this space for other information that would help us better meet your son’s needs.

A recent photo and a copy of his most recent report card must be attached.

Please return your application (5 pages) to:

Young Men of Valor
Post Office Box 241184
Montgomery, Alabama 36124

Young Men of Valor - Emergency Medical Information

CHILD'S NAME: _____

ADDRESS: _____
STREET CITY STATE ZIP

BIRTHDAY: ____/____/____ Race: _____

PARENT/GUARDIAN/OTHER EMERGENCY CONTACTS:

NAME: _____ RELATIONSHIP: _____

HOME PHONE: () _____ - _____ WORK PHONE: () _____ - _____

ADDRESS: _____
STREET CITY STATE ZIP

NAME: _____ RELATIONSHIP: _____

HOME PHONE: () _____ - _____ WORK PHONE: () _____ - _____

ADDRESS: _____
STREET CITY STATE ZIP

HEALTH INFORMATION STATEMENT

PLEASE LIST BELOW ANY INFORMATION YOU FEEL THE STAFF MAY NEED TO MAXIMIZE THE SAFETY AND THE WELL BEING OF THE MEMBER. **PLEASE BE SPECIFIC** INCLUDING ANY INFORMATION RELATING TO THE CONDITIONS LISTED. IN CASE OF EMERGENCY, THIS HEALTH INFORMATION MAY BE THE ONLY SOURCE OF ACCURATE IMPORTANT INFORMATION. THIS INFORMATION IS **CONFIDENTIAL**.

Please Note: All medications, which accompany the member to activities, will be given to the Athletic Trainer. The trainer will dispense medication in accordance with the directions provided by the parent/guardian. All authorized over-the-counter and prescription medications should be listed on this form.

ALLERGY TO MEDICINES (including penicillin, tetanus...) _____

MEDICATION THAT NEEDS REFRIGERATION: _____

Was your child on any medication during the school year? If yes, please list name of medication and reason for prescription:

MEDICINES CURRENTLY BEING TAKEN BY CHILD (including non-prescription or over-the-counter medications)

*Please list names, doses, and times to be taken.

FAMILY DOCTOR'S NAME: _____ PHONE #: () _____

CLINIC/HOSPITAL: _____ CITY: _____

HEALTH INSURANCE PROVIDER: _____ POLICY #: _____

I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME BEFORE MEDICAL PERMISSION IS GIVEN TO TREAT MY CHILD.

As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if it is impossible to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician. I also understand that if my child becomes ill or injured, my health insurance is primary coverage for those expenses.

Signed: _____ Parent/Guardian Date: ____/____/____

A COPY OF YOUR SON'S MEDICAL INSURANCE CARD MUST BE INLCUDED BEFORE THE APPLICATION CAN BE PROCESSED

Young Men of Valor - Release of Liability

CHILD participant and parent/guardian must complete and sign in the presence of two (2) witnesses.

This form must be completed and returned for your child to participate in the Young Men of Valor activities throughout the year.

CHILD'S NAME: (please print) _____

TO YOUNG MEN OF VALOR

I, _____, the undersigned, hereby represent that I am the parent/legal guardian of the program participant and that I have the legal authority to execute this release.

I accept your invitation and hereby agree to allow my child the opportunity to participate in the **YOUNG MEN OF VALOR** program and hereby authorize Young Men of Valor and Henry Tellis Foundation, employees, agents and licensees ("Releasees") to use my child's name, biography, photograph, likeness, and performance, for the purpose of creating marketing and information material, in any and all formats, including but not limited to the internet and other media.

I give Young Men of Valor permission to contact my son's school, receive a copy of all records and communicate with school officials as necessary, and to use any information from program records. I understand that any identifiable information collected or obtained on my son or myself will only be used to evaluate the progress and growth of my son.

I further understand that during Young Men of Valor activities, transportation will be required for certain events, including but not limited to: fishing, eating out and bowling. In the event of inclement weather, Young Men of Valor staff may transport my child to another facility. Furthermore, participation in leadership camps and various events and activities is voluntary, and the undersigned are aware of, and agree to aid by the rules and regulations of the program.

In consideration for Young Men of Valor, permitting my child the opportunity to participate in these activities, I, in full recognition and appreciation of any risks, hazards or dangers inherent in these activities to which my child may be exposed, do hereby agree to assume all of the risks and responsibilities surrounding my child's participation in such activities, with full knowledge and understanding that transportation to and from the program is not the responsibility of Young Men of Valor. Further, I do myself, agree to hold harmless and indemnify, release and further discharge Young Men of Valor, and all of its trustees, officers, agents, servants and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from my child's participation in and which may result from causes beyond the control of, and without the fault or negligence of Young Men of Valor, its trustees, officers, agents, servants and employees during the period of the student's participation as aforesaid.

I fully understand the risks involved in my child's participation in these activities including risks in physical activities, which may include swimming under supervision of a lifeguard and transportation to and from various events. My child is physically able to participate in such activities. I understand that the Young Men of Valor and its trustees, officers, agents, servants and employees assume and accept no liability for personal injury or loss of life or damage to personal property.

IN WITNESS WHEREOF, I have caused this Release to be executed on _____ day of _____, 20_____.

Parent/Guardian Signature

Witness

Date

Date

Child Signature

Witness

Date

Date

Transcript and Grade Release Form

I give my permission for any employee of Young Men of Valor to contact _____'s school, meet with him during school hours, view or receive a copy of all his records, and communicate with school officials when necessary, as long as he is a member of Young Men of Valor.

NAME OF SCHOOL _____

CITY _____

STATE _____

Online Code to Access Grades: _____

Parent or Legal Guardian:

(PRINT NAME)

(SIGNATURE)

(DATE)

Must be signed in order to be accepted into the Young Men of Valor Program.

All information is confidential.