



**Boys To Men Georgia
2010 RTF: October 22nd & 23rd
Mentor Training Application Package**

Personal Information		
Full Name (first, middle, last) _____		
Address: _____	City & State/Province: _____	Postal Code: _____
Work: # _____	Home: # _____	Mobile: # _____
Applying as: Staff _____ Journeyman _____ Participant _____		
Have you submitted a background check form to Boys to Men? Yes _____ No _____ If yes, where? _____ Date submitted _____ If no, see last two pages of this application for the background check forms. Complete and mail by Oct. 4 th .		

Payment Information – (participants only)	
Registration Fees: <i>(circle one)</i> First time participant \$150 Second time participant \$75	
Second time participants – location of first training _____ Date _____	
Form of Payment <i>(circle one)</i>	
Check Money Order Credit Card (for security and convenience, call 770-596-7759 for credit card payments)	
Signature of Registrant _____	
Mail completed forms and fees to the registrar by no later than Oct. 4 th . Make checks payable to Boys to Men Georgia.	Stan Oliver, BTMGA RTF Registrar 2759 Craigie Ave Decatur, GA 30030 Phone: 404-375-2124 Email: soliver@boystomenga.org

Boys to Men Georgia (BTMGA)

CONFIDENTIAL MEDICAL RECORD

BTMGA programs include challenging experiences that may involve strong emotional and physical release. This training may not be appropriate for men with some major medical or emotional problems. In order to acquaint our staff with your medical needs, we require that you complete this Confidential Medical Record. If you have any doubt about whether you should participate, discuss your concerns with us or with your physician or therapist. If you become ill or are injured on the weekend we may share this information with medical personnel. Otherwise, all information will be kept strictly confidential. Please complete every item in every section. Mark n/a if any section is not applicable. If you are mailing this form to us, please keep a photocopy.

General Information

Participant _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Occupation _____ Birth date ____/____/____

Emergency Contact _____ Relationship _____

Address _____ Daytime Phone _____

_____ Evening Phone _____

Physician _____ Phone _____

Do you have health insurance? Yes ___ No ___

Insurance Company _____

Policy # _____ Phone _____

Address _____

Medical History

Do you have, or have you had, any of the following conditions or symptoms?
Please specify **Yes** or **No** for each condition.

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
1.Vision Impairment	<input type="radio"/>	<input type="radio"/>	19.Difficulty Urinating	<input type="radio"/>	<input type="radio"/>	38.Learning Disability	<input type="radio"/>	<input type="radio"/>
2.Hearing Impairment	<input type="radio"/>	<input type="radio"/>	20.Kidney Problems	<input type="radio"/>	<input type="radio"/>	39.Frequent Dizziness	<input type="radio"/>	<input type="radio"/>
3.High Blood Pressure	<input type="radio"/>	<input type="radio"/>	21.Obesity	<input type="radio"/>	<input type="radio"/>	40.Frequent Fainting	<input type="radio"/>	<input type="radio"/>
4.Heart Disease	<input type="radio"/>	<input type="radio"/>	22.Arthritis	<input type="radio"/>	<input type="radio"/>	41.Diabetes	<input type="radio"/>	<input type="radio"/>
5.Heart Murmur	<input type="radio"/>	<input type="radio"/>	23.Broken Bones	<input type="radio"/>	<input type="radio"/>	42.Hypoglycemia	<input type="radio"/>	<input type="radio"/>
6.Elevated cholesterol	<input type="radio"/>	<input type="radio"/>	24.Neck or Back Problems	<input type="radio"/>	<input type="radio"/>	43.Eating Disorders	<input type="radio"/>	<input type="radio"/>
7.Irregular Heartbeat	<input type="radio"/>	<input type="radio"/>	25.Joint Problems	<input type="radio"/>	<input type="radio"/>	44.Thyroid Problems	<input type="radio"/>	<input type="radio"/>
8.Family history of heart attack	<input type="radio"/>	<input type="radio"/>	26.Muscle Cramps	<input type="radio"/>	<input type="radio"/>	45.Endocrine or Gland Problems	<input type="radio"/>	<input type="radio"/>
9.Circulation Problems	<input type="radio"/>	<input type="radio"/>	27.Tuberculosis	<input type="radio"/>	<input type="radio"/>	46.Unexplained weight loss	<input type="radio"/>	<input type="radio"/>
10.Chest Pain/Pressure	<input type="radio"/>	<input type="radio"/>	28.Exposure to TB	<input type="radio"/>	<input type="radio"/>	47.Bleeding Disorder	<input type="radio"/>	<input type="radio"/>
11.Heart Palpitations	<input type="radio"/>	<input type="radio"/>	29.Recurrent lung infections	<input type="radio"/>	<input type="radio"/>	48.Blood disorder or anemia	<input type="radio"/>	<input type="radio"/>
12.Shortness of Breath	<input type="radio"/>	<input type="radio"/>	30.Active Hepatitis	<input type="radio"/>	<input type="radio"/>	49.Sickle cell disease or trait	<input type="radio"/>	<input type="radio"/>
13.Chronic cough	<input type="radio"/>	<input type="radio"/>	31.History of Hepatitis B or C	<input type="radio"/>	<input type="radio"/>	50.Cancer	<input type="radio"/>	<input type="radio"/>
14.Asthma	<input type="radio"/>	<input type="radio"/>	32.HIV Positive or AIDS	<input type="radio"/>	<input type="radio"/>	51.Skin Problems	<input type="radio"/>	<input type="radio"/>
15.Ulcers	<input type="radio"/>	<input type="radio"/>	33.Unexplained Sweating	<input type="radio"/>	<input type="radio"/>	52.Special Dietary Needs	<input type="radio"/>	<input type="radio"/>
16.Intestinal Problems	<input type="radio"/>	<input type="radio"/>	34.Seizure Disorder	<input type="radio"/>	<input type="radio"/>	53.Medical Equipment/Devices	<input type="radio"/>	<input type="radio"/>
17.Heartburn	<input type="radio"/>	<input type="radio"/>	35.Seizure within past year	<input type="radio"/>	<input type="radio"/>	54.Special Physical Requirements	<input type="radio"/>	<input type="radio"/>
18.Bladder Infections	<input type="radio"/>	<input type="radio"/>	36.Headaches	<input type="radio"/>	<input type="radio"/>	55.Psychiatric/Emotional Problems	<input type="radio"/>	<input type="radio"/>
			37.Significant Head Injury	<input type="radio"/>	<input type="radio"/>	56.Other	<input type="radio"/>	<input type="radio"/>

If you have answered "yes" to any of the above items, please explain on the next page.

Height _____ Weight _____ Age _____ Have you ever been hospitalized? Yes No

Medications

Are you taking **any** medications (prescription or nonprescription)? Yes No

If yes, please list below.

Medication	How much/how often	For	Current Side Effects

Medical Allergies

Do you have any allergies? Yes No If yes, please list below.

Medication	Reaction

Psychosocial History

Have you been in counseling with a psychiatrist, psychologist, or other counselor within the past two years? Yes No

Are you currently in counseling/treatment? Yes No If yes, please describe briefly on previous page.

Reason for counseling (check all appropriate responses): Academic Family Issues Depression Divorce

Substance Abuse Career Suicide Other _____

Primary counselor _____ Phone _____

Address _____

Have you used more alcohol, tobacco or non prescription drugs than you should have? Yes No

If Yes, please describe: _____

When was the last time you used alcohol, tobacco or non-prescription drugs?

Alcohol _____

Tobacco _____

Non-prescription Drug _____

Do you suspect that you may have a substance abuse problem? Yes No

If yes, please explain: _____

Signature Required

The information provided above is a complete and accurate statement of the physical and psychological factors that may affect my participation in Boys To Men programs. I realize that failure to disclose such information could result in serious harm to myself and to fellow participants

I agree to notify Boys To Men Georgia. (BTMGA) should there be any changes in my health status. I authorize BTMGA to release this information to medical personnel in an emergency. I also authorize BTMGA to contact my physician or therapist to clarify any questions about my health. I understand that BTMGA reserves the right to refuse participation to anyone for medical reasons.

Signature

Date

Parent Name & Signature *if participant is under 18*

Date

PARTICIPATION AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISKS

Training Dates: Oct. 22 & 23 , 2010

Participant/Staff Name:

If under 18, Name of legal guardian:

In consideration of the services of Boys To Men Mentoring Network, including all of its officers, directors, staff, leaders, co-leaders, volunteers, affiliates and all persons and entities acting for it or on its behalf (hereinafter collectively referred to as ("BTM") and the right to engage in this Boys To Men Mentoring Network Training Adventure ("Training") as a participant, I hereby freely and voluntarily agree to release, indemnify, and hold BTM harmless on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate, as follows:

I. DISCLOSURE AND ACKNOWLEDGMENT OF RISKS

I understand that the Boys To Men Mentoring Network Training Adventure ("Training") is a personal growth and development course and involves known and unanticipated risks which could result in physical or emotional injury, paralysis, death, illness, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. These risks include, among other things:

A. The nature of the training which involves:

1. Strenuous and vigorous, physical, mental, emotional, and intellectual activity such as outdoor and indoor games during day or night, role playing (e.g. enactments of past events, feelings or parts of psyche or personality) and exercises and processes which may include or result in physical, mental or emotional stress, distress and fatigue (e.g. Facing and overcoming physical, emotional or mental obstacles to the achievement of goals);

2. The potential for death; for injury to skeletal-neuro-muscular system (such as strains, fractures, ruptures, bruises, loss of limb or loss of use of limb, paraplegia and quadriplegia), to internal organs, to cardiovascular system (such as elevated blood pressure, elevated pulse, heart attack, aneurysm, hemorrhage or stroke), to eyes or ears (loss of sight or hearing), to body (such as scrapes, scratches, punctures, lacerations) and to mental health (such as depression or retraumatization relating to past psychological history); and

3. The potential for change with respect to such matters as: education, career, job or business; relationships with family, friends, women, fellow youth, co-workers, and behavior in social, personal or school and business settings.

B. The acts or omissions of BTM who may, among other things, be ignorant of any participant's fitness or abilities; misjudge the weather, the elements, or the terrain; or give inadequate instructions, warnings or advice.

C. Latent or apparent defects or conditions in the equipment or property supplied by BTM or other persons or entities as well as the use or operation of such equipment.

D. Acts of other participants in this training or other persons.

II. PARTICIPANT UNDERTAKINGS

1. I and my representatives expressly acknowledge and agree and promise to accept, all of the risks existing in this training, including those risks listed above as well as those risks not specifically listed above.

2. I and my representatives understand, acknowledge and represent that my participation in this Training and in every separate part thereof is purely voluntary and I elect to participate in spite of and with full knowledge of all the risks. I

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acknowledge that at all times I will be free to choose to leave the training or to not engage in any part or all of the Training.

3. I and my representatives hereby authorize BTM to take any and all reasonable steps on my behalf in the case of any physical or other injury, illness or condition I might suffer during the Training. BTM is hereby authorized to apply emergency first aid, engage physicians of any kind, nursing services, ambulance services, paramedic services, or any other service or personnel that in the sole discretion and judgment if BTM may be deemed reasonable and necessary for my immediate care, health and safety.

4. I and my representatives hereby voluntarily release, forever discharge BTM and agree to indemnify and hold BTM harmless with respect to any and all liability, claims, demands, or causes of action and damages which arise out of, or are in any way connected with, my participation in this Training, my use of BTM equipment or facilities, or the provision by BTM of emergency services, including but not limited to claims alleging negligent acts or omissions or medical malpractice.

5. I agree and promise to indemnify and hold BTM harmless from all costs and liabilities, including but not limited to, attorney fees, incurred by BTM in connection with claims for personal injury or property damage to staff, other participants, volunteers, spectators or other third parties which arise out of, or are in any way connected with, my participation in this Training.

6. In signing this document I fully recognize and acknowledge that if anyone (including myself) is hurt or property is damaged, lost, or destroyed, as a result of my participation in this Training, I may be found by a court of law to have given up any right I might have to make a claim or file a lawsuit against BTM.

7. Should BTM or anyone acting on their behalf be required to incur attorney fees and costs in connection with any effort to enforce this agreement as a result of my participation in this Training, I agree and promise to indemnify and hold them harmless against all such fees and costs.

8. I certify that I have sufficient health, accident and liability insurance to cover costs and expenses of any injury or damage I may suffer or cause while participating in this Training. If I have no such insurance I agree to bear all the costs of any and all such expenses and liability.

9. I certify that I have completed the confidential medical questionnaire form required by BTM; that I have disclosed each and every physical, emotional or mental condition for which I have received treatment or am currently receiving treatment; that the information I have provided pertaining to my physical, emotional or mental condition is complete and true; and that I have complied with the medical requirements of BTM. I further certify that I have no medical condition which could interfere with my safety in the training and agree to assume and bear the costs of all risks, liability, claims, demands, or causes of action and damages which arise out of, or are in any way connected with any medical condition I have whether or not I have previously disclosed that condition to BTM.

10. I have sufficient opportunity to read and understand this entire document. I have read and understood it. I agree to be bound by all of its terms.

Signature of Participant: _____

Print Name: _____ Date: _____

Signature of Parent or Guardian: _____

Print Name: _____ Date: _____

Boys to Men Georgia
CONSENT DISCLAIMER

Boys to Men Georgia may photograph and videotape parts of the upcoming Boys to Men Reclaiming Your Teenage Fire Training. By signing and returning this form, you give your consent to Boys to Men Georgia. This is a voluntary request and is not mandatory.

- The undersigned agrees to the possibility of being interviewed, recorded and photographed by Boys to Men Georgia or any person they mandate to that effect.
- I acknowledge that Boys to Men Georgia has responded to all the questions I asked about the program to my satisfaction.
- I accept that Boys to Men Georgia may or may not use my name, image and likeness in any verbal presentation, conference, interview and written publication.
- I recognize that Boys to Men Georgia shall have the exclusive rights to the materials indicated above, including copyrights and proprietary rights, and I assign to Boys to Men Georgia any right in relation to the materials. Boys to Men Georgia may not assign or transfer, in whole or in part, the rights granted by the present contract.

AND I HAVE SIGNED,

Signature of participant

Date

Complete name in block letters

Telephone number

Complete address

Age (if the participant is under 18)

PART TO BE COMPLETED BY THE PERSON HAVING PARENTAL AUTHORITY

I declare having parental authority of the participant who is a minor. This consent is signed by the participant with my authorization. No other consent is necessary to bind the participant.

AND I HAVE SIGNED,

AND I HAVE SIGNED,

First Person Having Parental Authority

Second Person Having Parental Authority

Complete name in block letters

Complete name in block letters

Date:

Date:

NOTE – Register On time!

We must receive your application by September 27th .

SCHEDULE

Friday, Oct. 22nd 6 – 6:30 Arrive at site. Evening ends at 11 PM.
Saturday , Oct. 23rd 8 AM to 3 PM. Sandwiches and drinks served.

HOUSING

Out of town men can bunk on the gym floor on site, or if previous arrangements are made, may stay with local men.

FACILITY

United Methodist Children’s Home
500 South Columbia Dr.
Decatur, GA. 30030

WHAT TO BRING

- **Participants: It is absolutely necessary to bring a photograph of yourself as a teen. If you have none, bring a surrogate that can embody the teen you, even if from a magazine.**
- sleeping bag and pillow (out of towners)
- toiletries, toothbrush, toothpaste (out of towners)

AGREEMENTS

- Recreational drugs and weapons are prohibited.
- Speak in a manner that models respect, honesty and integrity. Avoid obscenities.

MEN -

IF YOU DO NOT HAVE A CURRENT (LESS THAN THREE YEARS OLD) BACKGROUND CHECK ON FILE WITH BOYS TO MEN YOU MUST COMPLETE THE BACKGROUND CHECK AND CONSENT FORM ON THE FOLLOWING PAGES. MAIL SEPARATELY TO THE ADDRESS AT THE BOTTOM OF THE FORM, NOT TO THE RTF REGISTRAR.



**INVESTIGATION RELEASE and CONSENT FORM
INTELLINET, LLC BACKGROUND CHECK**

As a prospective Staff member for the Rites of Passage Adventure Weekend (ROPA) and/or prospective Mentor for Boys to Men Georgia and its Affiliates, I hereby agree to the following:

GENERAL CONSENT TO BACKGROUND INVESTIGATION

As a condition of my work with Boys to Men Georgia and its Affiliates, I grant permission to the organization to investigate my personal history. I understand that the scope of this investigation is limited to any felony convictions that have taken place in the United States during the past ten (10) years. I understand that Boys to Men Georgia, and its Affiliates have contracted with Intellinet LLC (herein referred to as Intellinet) to perform this investigation.

CONSENT TO CONTACT GOVERNMENT AGENCIES

I further give permission to Boys to Men Georgia and its Affiliates, through Intellinet, to contact and receive information from any federal, state, or local court or police agency regarding my judicial history, if any. I consent to the release of such information to Intellinet, and to the designated agents of Boys to Men Georgia and its Affiliates.

COOPERATION WITH INVESTIGATION

I agree to fully cooperate in this background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. I understand that the officers of Boys to Men Georgia and its Affiliates may review the results of this investigation and that, other than this review; its contents will be kept confidential. A copy of the results will be kept on file by Boys to Men Georgia and its Affiliates with access limited to officers of the corporations. I understand that I will receive a copy of the results of this investigation.

AGREEMENT

This agreement represents the entire understanding relating to this investigation. Boys to Men Georgia and its Affiliates and Intellinet shall be entitled fully to rely on this agreement. I understand that I have no guarantee of a position as a Staff member or any other position or as a Mentor for Boys to Men Georgia or its Affiliates, and that the organization may determine not to utilize my services for any lawful reason.

Signature (Use Drivers license # for email submission) Date

Printed Name (First, Middle, Last)

PLEASE PROVIDE A COPY OF YOUR DRIVERS LICENSE

____ - ____ - ____
Social Security Number

E-mail Address: _____

Phone: _____

Alternate Phone: _____

Fax (optional): _____

Date of Birth: ____/____/____

Mailing Address:

Street

City State ZIP Code

Payment (please check one):

____ I have gone to www.boystomenga.org (left column of pages) and paid \$20 by credit card/PayPal.

____ I am sending a \$20 check with this application

____ I would like to talk to a Boys to Men representative about financial assistance for the cost of the background check.

I would like my results (circle one):

Mailed Emailed

Mail this 2-page form to: BTMGA, 362 Hunters Ridge, Marietta, GA 30068
Phone: 404-610-8425 Email: tvalentine@boystomenga.org
www.boystomenga.org