

Name: _____

1. Why do you feel you should be chosen to participate in the Learn and Serve Program?

2. What are your goals for this experience?

3. What is your greatest strength?

Please label the follow projects (1-5) in order of preference 1=most interested, 5=least interested.

_____ **Mass in Motion Teens-Healthy Eating-** Mass in Motion-Healthy Living group will focus on increasing awareness on health and nutrition at two summer camp sites. Youth in this group will learn about healthy snacking, sugar smarts, hydration, and fruits/vegetables as part of a "Food and Fun" curriculum and teach these lessons and activities to participants in two youth camps.

_____ **Mass in Motion Teens-Healthy Community-** Mass in Motion-Healthy Communities group will work on a clean-up project at Pulaski Park and School. Work will involve clearing out brush and maintaining flowers/plants along the park with further clean-up in the existing trails behind the school. Once cleared, these trails will become a major transportation route for neighborhood children to walk/bike to Pulaski School.

_____ **Mass in Motion Teens-Healthy Community-** Mass in Motion- Healthy Communities group will learn how cities and towns can affect the health of a community by encouraging physical activity through place making. This group will be focusing on projects in the Acushnet Ave. neighborhood exploring the built environment of the area. The group will learn about what makes a neighborhood safe and walkable, what kinds of spaces encourage active transportation, and how healthy infrastructure can affect the economics of a community. The group will end with a photography project about what makes the Acushnet Ave. neighborhood a great healthy place.

_____ **Reel Serious Video Production-** This video documentary program will capture stories of people impacted by homelessness in New Bedford. In this peer-mentoring program our budding filmmakers will have the opportunity to connect to young people, women & children, veterans and elderly folks whose lives have been greatly affected by being homeless.

_____ **New Bedford High School Beautification Project-** Participants will learn about landscape architecture and interior design while assisted with clean-up projects, gardening, and painting in the school.

*Each project will include a mandatory one day participation in a supervised community service component at the Dartmouth YMCA Share the Harvest Farm. Transportation will be provided.



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www.newbedfordcareercenter.org
www.mass.gov

AUTHORIZATION FOR RELEASE OF INFORMATION

I understand that The Greater New Bedford Career Center may require certain personal and medical information in order to establish my appropriateness for services and to develop my career-training program. All information that the Greater New Bedford Career Center requests and receives from other resources will be used for purposes connected with my career training plan and shall be confidential to this agency.

Except as otherwise noted, I authorize the individuals, agencies, institutions, and facilities below to release such information to New Directions Southcoast, Inc. and The Greater New Bedford Career Center for purposes of developing any career training plan. I also authorize The Greater New Bedford Career Center to release information from its records to these same individuals and organizations only when necessary for any one of these purposes of developing my career training plan.

As a participant in the New Directions youth program, it is also important for evaluation of the program that we follow-up on your educational or military status throughout your enrollment period and after you have exited the program. The information we will need includes the school, college or training program you are attending as well as your completion status and start and end dates. We may contact you or the school to update our records.

We agree, in return to keep this information confidential. It will not be released to any other parties except those involved with the program. Thank you for your assistance.

I understand that I may withdraw this authorization for any one of the resources at any time by given written notice to The Greater New Bedford Career Center.

- Department of Transitional Assistance (DTA)
- Social Security Administration (SSA)
- Department of Career Services (DCS)
- Department of Education (DOE)
- Department of Mental Health (DMH)
- Department of Children and Families (DCF)
- Department of Youth Services (DYS)
- Positive Action Against Chemical Addiction (PAACA)
- Job Corps
- Employers
- Colleges, Public & Private Schools
- Mass Rehabilitation Commission
- Psychiatrist, Psychologists, or other Health Care Professionals
- Correctional Institutions
- Selective Service Systems
- Permission to add information in state database (MOSES)
- Other _____

I, _____, agree to provide my new job information, including my starting wage, start date, and the name and address of my new employer. I agree to allow The Greater New Bedford Career Center staff to contact my employer to verify this information, if needed. I also agree to provide information regarding my educational enrollment and attainment status and give New Directions staff permission to contact my school if necessary.

Participant's Signature

Date

Parent/Guardian Signature



NEW DIRECTIONS SOUTHCOAST INCORPORATED

PARENTAL CONSENT / MEDIA RELEASE FOR STUDENT PARTICIPATION

I, (Mr., Mrs., Ms.) _____, the parent or legal guardian, as appropriate, of _____, give my consent for him/her to participate in all activities associated with the New Directions Youth Program.

I give permission for my son / daughter to participate in special events, activities and field trips related to the program, and may include travel under the supervision of program staff. Yes No

To promote, evaluate, or otherwise describe New Directions' training and educational programs and activities, I give permission to the program, and its agents, to use in connection with any publication (including but not limited to brochures, booklets, videotapes, reports, press releases, Web sites, and exhibits) any image or recording in which my child, a minor, appears, to use and cite any comment(s), verbal or written, made by said minor about the program, and to use said minor's name in connection with any publication and in such manner as determined by New Directions. Yes No

I hereby release New Directions, their officers, agents, servants, and employees, and persons, firms, or corporations contracting with, or acting on behalf of, New Directions from any cause of action arising from my child's participation in any activities associated with the New Directions Youth Program. I understand that New Directions may not be held liable for loss, damage or injury caused by or during participation in any New Directions activities.

(Print Name of Parent or Legal Guardian) Date

(Signature of Parent or Legal Guardian) Date

NOTE: Youth age 18 or older may sign this form.

MEDICAL RELEASE INFORMATION

Name _____

Address _____

Date of Birth _____

Please provide two emergency contacts:

Name & Relationship _____ Phone No _____

Name & Relationship _____ Phone No _____

PLEASE CHECK OFF WHETHER OR NOT YOU HAVE HAD ANY OF THE FOLLOWING HEALTH PROBLEMS IN THE PAST 5 YEARS:

	<u>YES</u>	<u>NO</u>	<u>If yes, please specify when:</u>
OPERATIONS	_____	_____	_____
FRACTURES	_____	_____	_____
HEAD INJURIES	_____	_____	_____
HERNIA	_____	_____	_____
CHRONIC BACK PAIN	_____	_____	_____
RESPIRATORY	_____	_____	_____
SINUS TROUBLE	_____	_____	_____
ALLERGIES	_____	_____	_____
HEARING PROBLEMS	_____	_____	_____
VISION PROBLEMS	_____	_____	_____
HIGH BLOOD PRESSURE	_____	_____	_____
HEART TROUBLE	_____	_____	_____
STOMACH TROUBLE	_____	_____	_____
FAINING SPELLS	_____	_____	_____
EPILEPSY	_____	_____	_____
NERVOUS DISORDERS	_____	_____	_____
RHEUMATISM	_____	_____	_____
ARTHRITIS	_____	_____	_____

If you have any health problems other than those listed above, please specify below:

Are you presently under a doctor's care? Yes No

If yes, specify what doctor: _____

Are you presently taking any medication? Yes No

If yes, specify for what health problems: _____

Do you need wheel chair accessibility or require additional accommodations? Yes No

If yes, please specify accommodations: _____

This form is to be maintained at the worksite, and will not be used to determine eligibility or for placement. I have read the above and declare that I have no injury, illness or ailment other than specifically noted herein. Any falsification or misrepresentation will be sufficient grounds for my release from training or employment, and may result in my incurring liability for associated training costs. I give my permission for my son/daughter to receive medical treatment in the event of an emergency.

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____