



Sheriff Gregory Tony, Ph.D.
sheriff.org

Participant Application

(TO BE COMPLETED BY THE PARENT/GUARDIAN)

Personal Information

Participant: First Name _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth ___/___/___ Age: _____ Gender: _____

Ethnicity: White: ___ Hispanic: ___ African American: ___ Asian: ___ Other: ___

Name of School: _____ Grade: _____

Parent/Guardian First & Last Name: _____

Relationship to Participant: Mother ___ Father ___ Other, specify: _____

Phone Number: _____ Alternate Phone: _____

Emergency Contact Name: _____ Phone Number: _____

How did you hear about this program?:

___ Website/Social Media

___ Broward County School Board

___ Broward Sheriff's Office Website

___ NPHC Greek Letter Organization (Specify: _____)

___ Are you a BSO Employee? _____

___ Other: _____

T-shirt Size: _____ (Youth and adult sizes available)



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Parent Questionnaire

(TO BE COMPLETED BY THE PARENT/GUARDIAN)

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you/your child want to participate in a mentoring program?

2. Briefly describe your expectations for the BSO Youth L.E.A.D. Camp:

3. Describe your child's school performance including grades, homework, attendance, behaviors, etc.

4. Please describe his/her friendships.

5. Is your child currently having any problems either at home or school?

6. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.

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Participant Questionnaire

(TO BE COMPLETED BY PARTICIPANT)

Please complete all the following. This survey will help the BSO Youth L.E.A.D. Camp learn more about you and your interests.

1. What are some favorite things you like to do with other people?

2. What are your favorite subjects in school?

3. If you could learn about a job/career, what would it be?

4. What are your favorite subjects to read about?

5. What is one goal you have set for the future?

6. If you could learn something new, what would it be?

7. What person do you most admire and why?

8. Describe your ideal Saturday.

Please check all activities you are interested in:

Biking ___ Camping ___ Science ___ Cooking ___ Library ___ Hiking ___ Boating ___
Music ___ Sports ___ Yoga ___ Golf ___ Swimming ___ Gardening ___ Parks ___
Movies ___ Fishing ___ Animals ___ Eating ___ Board Games ___ Shopping ___

List any other areas of special interest:

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*Due to the nature of our organization, it is imperative that every member adhere to all guidelines set forth by Broward Sheriff's Office.

TRAVEL AUTHORIZATION

_____ has my permission to travel under the supervision of the Broward Sheriff's Office. I am aware that the above-named child is expected to attend:

- Workshops
- Community service
- Field Trips

WAIVER OF LIABILITY

In consideration of your accepting this entry, for the BSO Youth L.E.A.D. Camp, thereby for myself, my heirs, executor assigns and personal; representatives, waive and release any and all rights and claims for damages I now, or may hereafter have, whether now known or unknown, against Broward Sheriff's Office. its employees, agents, and volunteer workers, for any injuries suffered by me in connection with participating in said program. Broward Sheriff's Office will not be responsible for the loss or theft of personal items.

Parent or Guardian Signature: _____ Date: _____

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CONSENT TO MEDICAL CARE AND TREATMENT OF A MINOR

The undersigned authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician of hospital for above named participant if we cannot be reached in case of an emergency.

Our consent includes, but is not limited to, administration of necessary anesthetics, medical treatment, tests, x-ray examinations, transfusions, injections, or drugs and the performing of whatever operations may be deemed necessary or advisable. Further, consent is granted to any such physician to exercise his/her discretion in authorizing the disposal of any severed tissue or member.

It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required. This authorization shall remain in effect until revoked in writing by the undersigned, with notice to the treating physician and hospital, or until the undersigned void their signatures hereon.

First and Last Name of Parent or Guardian: _____

Parent or Guardian Signature: _____ Date: _____

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MEDIA RELEASE FORM

From time to time during the program session it may be necessary for BSO Youth Mentoring committee to use photographs, audio recordings, and/or video footage of our participants. These media outlets will consist of community service events and/or activities associated with the BSO Youth Mentorship Program.

Broward Sheriff's Office would like your permission to use photographs, audio recordings, and/or video footage of your child for such purposes. We ask permission to include your child's name as appropriate in news releases, video produced by Broward Sheriff's Office, brochures, and on our website postings. Neither staff members nor any of its authorized webmasters, photographers, videographers, committee members, or officers receive monetary rewards resulting from use of such materials. All material shall be used for the sole purpose of Broward Sheriff's Office's programs.

Your signature below indicates your permission for photographs, audio recordings, and/or video footage to be used in the manner described above.

I hereby affirm that I am at least 18 years of age and/or the parent/guardian of the child named below. I hereby give my consent for her photographs, audio recordings, and/or video footage to be utilized for advertising, illustration, or publication on the Broward Sheriff's Office website, brochures, or newsletters and/or that her name is included in the published materials as appropriate.

Participant's Name: _____

Parent/Guardian Name (Print): _____

Signature: _____ Date: _____

**Disclaimer to opt out ____

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ROLES & RESPONSIBILITIES

Participant Roles and Responsibilities

- Participants shall respect the mentor's time and other commitments.
- Participants should have realistic expectations about their mentors but also seek to be challenged through the mentoring experience.
- Participants must learn and practice self-empowering behaviors and should understand that they are responsible for their own personal growth and development.
- Participants must follow through on their commitments with their mentors.
- Participants should seek guidance and assistance when necessary.
- Participants must recognize that mutual respect, trust, and honesty are necessary to achieve a healthy and authentic relationship.
- Participants must agree and understand that the following reasons are grounds for dismissal from the BSO Youth L.E.A.D. Camp: 1) disrespecting authority, 2) more than two (2) consecutive absences, 3) use of vulgarities, 4) fighting and/or instigating any fight, 5) stealing

Participant Initials: _____

Roles and Responsibilities

- Parents shall respect the mentor's time and other commitments.
- Parents shall drop off their child on time for scheduled mentoring sessions.
- Parents shall notify at least one of the mentors if they are not able to drop their child off on time.
- Parents shall notify at least one of the mentors two (2) days prior to the session if their child will not be able to attend the scheduled mentoring session.

Parent/Guardian Initials: _____