



Community Tampa Bay™
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Community Tampa Bay sponsors two initiatives throughout the year that provide teens with an opportunity for ongoing leadership development, diversity education, service and fun! Since 1991 we have empowered thousands of young people to create more inclusive and just schools and communities where everyone is treated with respect and understanding through our ANYTOWN™ program, as well as the following two county-specific youth groups. These complementary, ongoing groups are free, meet weekly and enable students to practice their emerging facilitation, dialogue, planning and leadership skills. These amazing leadership experiences truly provide students with opportunities to prepare them for college and a civically-engaged adult life. **All students meeting the age requirement (ages 14-18) or entering grades 9- 12 are encouraged to apply.**

Hillsborough Youth Collaborative (HYC) – HYC meets weekly at the Children’s Board of Hillsborough County (Palm and Nebraska Ave). This group seeks to empower young people to strengthen the lives of children and families in Hillsborough County through service and effective youth-adult partnerships. HYC envisions a community where youth voice is respected and expected in all aspects of our communities and decision-making processes. We meet to discuss youth concerns, opinions, and priorities for change, and how young people want to go about affecting positive changes in our community currently, through the forums of a youth radio show, a youth produced newsletter and advocacy projects such as Children’s Week in Tallahassee. Past projects of the group have involved youth summits, evaluating how organizations best serve teens, advocating and informing appropriate and safe bus routes for youth and service to Family Resource Centers.

Facilitating the Leadership of Youth (FLY) – FLY meets weekly at Tropicana Field in St. Petersburg. This group seeks to develop youth leadership skills through dialogue, facilitation and public speaking by promoting safe spaces for teens to dialogue about issues that affect young people. Participants plan and lead Youth Summits for Pinellas County students on subjects of interest selected by the group, including diversity, stereotypes, gender roles, racism, etc. Summits are held at Tropicana Field and include activities, entertainment and food.

****Community service hours are available for youth who participate!****

Program participants are also eligible to participate in the Be Intentional Institute, a series of skill-building trainings throughout the year that allow participants to take their diversity content, dialogue and facilitation skills to the next level.

Please note the Be Intentional Institute program dates on your calendar. There are no fees for these trainings.

7 Habits of Highly Effective Teens:	Saturday, August 18, 2012
Foundations of Dialogue Workshop:	Saturday, September 22, 2012
Cross-Cultural Interactions Workshop:	Saturday, November 17, 2012
Conflict Mediation Workshop:	Saturday, January 12, 2013
Facilitation Workshop:	Saturday February 23, 2013

How do I apply?

- Complete the full application (application form, consent and releases) and return via email, fax or mail. **Please note required signature pages 2 and 3 for Applicant and Parent/Guardian.**

“I love coming to F.L.Y. because I get to be with a diverse group of kids who are all working for a unified cause to end discrimination.”
-Isabella Zafari, FLY member 2011



Participant Application

Community Tampa Bay's mission is to promote dialogue and respect among all cultures, religions and races by cultivating leaders to change communities.

We envision a community free from discrimination in which every individual is treated with dignity and respect.

GENERAL APPLICATION INSTRUCTIONS

Please print clearly and legibly. All questions must be answered factually and completely. Mark "N/A" to any question that does not pertain to you. Do not leave any questions blank. Remember to sign the application in the space provided at the end of the form. Any participant under the age of 18 must have parent consent and signature.

Name of Applicant (First, Middle, Last) _____

Date of Birth: _____ (month/ day/ year) Social Security # _____

Address _____ City _____ State _____ Zip _____

County _____ Home Phone (_____) _____ Cell Phone (_____) _____ Can Receive Text? Y__ N__

Student's Email Address _____ Alternate Email Address _____

Best way to reach you? (circle) Home Phone Cell Phone Texting Email Facebook Other

Parent(s) or Guardian(s) Name _____

Address (if different from above) _____

Home Phone (_____) _____ Cell Phone (_____) _____ Can Receive Text? Y__ N__

Work Phone (_____) _____ Ext. _____ Parent's Email Address _____

Best way to reach you? (circle) Home Phone Cell Phone Texting Email Facebook Other

Please list TWO other emergency contacts:

Name: _____ Relationship: _____ Phone: (_____) _____

Name: _____ Relationship: _____ Phone: (_____) _____

PROGRAM APPLYING FOR: Please mark all that apply.

Hillsborough Youth Collaborative - HYC _____ Facilitating Leadership of Youth - FLY _____

Has Applicant Previously Attended Our Residential ANYTOWN™ Program? Yes _____ No _____

If so, when? _____

T-Shirt Size: (circle one) S M L XL 1X 2X 3X

HOW DID YOU HEAR ABOUT US? Please mark all that apply.

____ friend ____ family member ____ school teacher ____ school administrator ____ program at school

____ community organization ____ Community Tampa Bay™ website ____ Internet search ____ Facebook, Twitter, other social media

____ other (please specify) _____ **Can you name the individual who introduced you to us?** _____

DEMOGRAPHIC INFORMATION: *Please note all data is collected to ensure program diversity, and to provide demographic information to our funders. All data provided will remain confidential.*

- 1) **GENDER:** Female Male
- 2) **RACE:** _____
- 3) **ETHNICITY:**
 European American Latino/a Native-American Multi-Ethnic / Multi-Racial
 African American Asian/Pacific Islander Other (Specify) _____
- 4) **FAITH OR RELIGIOUS AFFLIATION:**
 Atheist Buddhist Christian Hindu Muslim Jewish Agnostic
Other (please specify) _____
- 5) **GRADE APPLICANT WILL BE ENTERING IN THE FALL:**
 9th 10th 11th 12th
- 6) **SCHOOL APPLICANT WILL BE ATTENDING IN THE FALL** _____
- 7) **HIGH SCHOOL GRADUATION YEAR** _____ **PRIVATE SCHOOL?** Yes No
- 8) **CHECK ALL THAT APPLY:**
 Advanced Placement (AP) International Baccalaureate (IB) Other Magnet/Fundamental Program
- 9) **HOUSEHOLD ARRANGEMENT** (select one): Both Parents Single Parent (mother/father)
 Other Relative Other Non-Relative Other
- 10) **HOUSEHOLD INCOME** (select one): \$0-9,999 \$10,000-19,999 \$20,000—29,999
 \$30,000-39,999 \$40,000-49,999 \$50,000-and up Unknown
- 11) **SCHOOL LUNCH PROGRAM:** (select one) Free Reduced N/A
- 12) **I PARTICIPATE IN COUNTY PARK AND RECREATIONS PROGRAMS** YES NO
- 13) **LANGUAGE SPOKEN AT HOME:** _____

EMERGENCY RELEASE AGREEMENT

A parent/guardian MUST sign this emergency release agreement for any Applicant or volunteer who is younger than 18 years old.
Permission to Provide Necessary Medical Treatment or Emergency Care:

If any accident, injury or illness occurs which, in the sole judgment of Community Tampa Bay™ representatives, requires immediate medical attention, I hereby consent for any Community Tampa Bay™ representative to obtain such emergency treatment, including hospitalization. I further consent to have my child transported to a medical facility and to the signing of any releases by Community Tampa Bay™ representatives that may be required by any medical care provider. I understand that every effort will be made to notify me in the event of an emergency. In the event I cannot be reached in an emergency, however, I hereby expressly give permission to the physician or medical facility selected by the Executive Director or Director of Programs to secure and administer treatment, including hospitalization. The medical information I have provided above is complete and accurate to the best of my knowledge.

Signature _____

PHOTO & VIDEO RELEASE:

I understand that I/my child, alone or with other Participants and/or Community Tampa Bay™ staff members, volunteers or representatives, may be interviewed, may provide written or oral statements, and/or may be photographed, recorded on film, audio tape, videocassette, or other visual and sound, computerized, telephonic, voice-mail or tape media (photographs and/or sound/image recordings) by Community Tampa Bay™ and/or others approved by Community Tampa Bay™. I hereby consent to the foregoing and grant permission, without reservation, to Community Tampa Bay™ and/or those approved by Community Tampa Bay™, to use, disclose, disseminate, copy, comment on, and/or publicize (i) any photographs, written or oral statements, and/or sound or image recordings; and (ii) my/my child's name, age and city of residence, as Community Tampa Bay™ may determine in its discretion in connection with furthering its goodwill, public education, promotional and/or fundraising activities, without review or further consent by me or my child and without any monetary compensation to me or my child. I hereby release Community Tampa Bay™, its officers, directors, volunteers, employees, licensees, volunteers, agents and assigns from all claims that I or my child may have, or could in the future have, for any demand, claim, actions or causes of action arising out of the taking and/or use of the photographs and/or sound/image recordings as set forth herein:

This photo & video consent and release shall continue in effect in perpetuity without expiration or limitation. INITIAL one:

____ I DO grant permission, consent and agree to the above photo & video release terms for my/my child's recording/images.

____ I DO NOT grant permission, consent and agree to the above photo & video release terms for my/my child's recording/images.

EVALUATION: *Community Tampa Bay™ asks all participants to provide information that is used to evaluate its effectiveness and quality.* This information includes questions about program outcomes and impact, but does NOT include any information that allows us to specifically identify your child. Results of the evaluation are used to educate others on what promotes diversity awareness and self reflection in youth. On occasion, this includes the publication of evaluation results in professional and/or research publications. *Your child's participation is extremely helpful for us to ensure the quality of the programs and related efforts but is NOT required.*

Will you allow us to ask your child to provide us with the information described above? **INITIAL one:**

____ YES, I allow for my child to participate in evaluating the program.

____ NO, I do not allow my child to participate in evaluating the program.

PARENTS/GUARDIANS: I hereby grant permission for my child to participate in Community Tampa Bay™ programs and to complete evaluation questionnaires in connection with the program. In initialing this release, I acknowledge and represent that I have read the foregoing consent and release form, understand it, and initial it voluntarily, and, if signing as a parent/guardian, I affirm that I am at least 18 years of age and competent to sign this consent and release form.

Initial _____

FOR APPLICANTS: Applicant's Agreement to Abide by Restrictions

I, _____, understand and agree to abide by the restrictions placed on my activities during this program.

Initial _____

****Please attach a one-page resume outlining your involvement in school and community groups.****

We certify that all the information in this application is true:

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____