



9535 International Court N.  
St. Petersburg, FL 33716  
Tel. (727) 568-9333 – Fax (727) 568-0533  
[www.communitytampabay.org](http://www.communitytampabay.org)

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## ANYTOWN APPLICATION

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Community Tampa Bay (formerly NCCJ) promotes dialogue and respect among all cultures, religions and races in Hillsborough and Pinellas County. We strive for a community free from discrimination through education, advocacy and conflict mediation.

Anytown is Community Tampa Bay's nationally recognized youth leadership and diversity awareness program. 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. More info about Community Tampa Bay and our Anytown program is available at [www.communitytampabay.org](http://www.communitytampabay.org).

### How to apply?

- Complete all pages of the enclosed application form and mail it to the address on top of this page.
- Enclose a non-refundable \$25 registration fee with your application, payable to Community Tampa Bay, indicating the name of the applicant and "Anytown Hillsborough" or "Anytown Pinellas" on the check. Waivers are granted upon explicit request. **Incomplete applications will not be considered.**

**What are the selection criteria?** Community Tampa Bay seeks to bring together a mix of students from a wide variety of backgrounds. All students meeting the age requirement (ages 14-18) or those who will be in grades 9<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup> are encouraged to apply.

### When is the application deadline?

There are only three Anytown sessions this summer. **Early admission for all sessions begins May 5, 2008.** Each session will close when 60 diverse youth have submitted complete applications. The application deadlines are as follows:

*June 15-19 session - May 30;*  
*July 20 -24 session - June 30; and*  
*August 3-7 session - July 19.*

Selected candidates will be notified a week after that session's deadline has passed. Depending on the volume of applications, rolling admissions may continue in the summer.

### How can parents learn more about the Anytown program and Community Tampa Bay?

Parents are cordially invited to attend a **Parent Information Session** on one of the following dates: March 31, April 8, and May 7 from 4-6:30. If these times don't fit your schedule please call the number below to learn about alternative dates and times. The information sessions will take place at Community Tampa Bay. Please check our website for directions (*mapquest is wrong!*) at [www.communitytampabay.org](http://www.communitytampabay.org)

Please **RSVP** if you plan to attend, 727-568-9333

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### For questions contact:

Jessica Estévez – Director of Programs ([jestevez@communitytampabay.org](mailto:jestevez@communitytampabay.org))  
Linda Gooding – Administrative Assistant ([lgooding@communitytampabay.org](mailto:lgooding@communitytampabay.org))

## ***ANYTOWN PROGRAM TIMELINE***

Parent Information Sessions	Application + \$25 fee. Deadline (By 5pm, Fax, Scanned Email, or Regular Mail)	1 Week After Application Deadline	2 Weeks Before Program or After Youth Scheduled to Attend	1 Week Before	Sunday - week you attend	Tuesday- week you attend	Thursday- week you attend
<p><b>FOR ALL SESSIONS:</b></p> <p><b>Monday, March 31</b></p> <p><b>Tuesday, April 8</b></p> <p><b>Wednesday, May 7</b></p> <p><b>4:00pm - 6:30pm</b></p> <p><b>Will be held at Community Tampa Bay.</b></p>	<p><b>Session 1, Hillsborough June 15-19: Friday, May 30</b></p> <p><b>Session 2, Pinellas July 20-24: Monday, June 30</b></p> <p><b>Session 3, Hillsborough August 3-7: Friday, July 18</b></p>	<p>→Notification of acceptance into program</p>	<p>→ Receipt and completeness of application materials confirmed</p>	<p>→ Confirm bus stop</p> <p>→Call and cancel if youth can no longer participate (space is limited and of high demand!)</p>	<p>→Drop-off Youth between 11:45am and 1:00pm at designated bus stop( see your bus schedule for exact times)</p> <p>→Please be on time, there are other designated stops and the schedule is delayed if we have to wait.</p>	<p>→Parents, family, and friends are invited to visit their youth at Culture Night</p> <p>→Culture Night is at 7:00pm, at the DaySpring Episcopal Retreat Center</p>	<p>→ Pick-up Youth between 4:00pm and 6:00pm at designated location, same as drop-off</p> <p>→ Please be on time, youth cannot be left alone at pick-up site</p>

**PLEASE NOTE:** Youth are asked NOT to use CELL PHONES during the program, unless absolutely necessary for emergencies. The goal of the program is to encourage intentional dialogue, build social skills, and create an environment of inclusion that can be taken back and applied to the youth’s normal lives. CELL PHONES DISRUPT AND DISTRACT FROM THIS PROCESS.

**DIRECTIONS TO DAYSPRING:**

From Interstate 75 South, take exit 224 (Ellenton-Palmetto exit).

Turn left onto highway 301- travel for approximately 2 miles.

Turn right onto Wellon Ranch Road (at the Green BP Amoco Gas Station)

Turn left on 25th Street

Immediately turn right and enter the DaySpring Facility, continue down the driveway/entrance until you reach the main buildings and adjacent parking.

# APPLICATION FORM

PLEASE PRINT OR TYPE THIS INFORMATION AND RETURN TO:

Community Tampa Bay  
9535 International Court N. St Petersburg, FL 33716  
TEL: (727) 568-9333 FAX: (727) 568-0533  
[www.communitytampabay.org](http://www.communitytampabay.org)

Use black or blue ink. Circle your choice

<u>Hillsborough County</u>	<u>Pinellas County</u>	<u>Hillsborough County</u>
June 15-19, 2008	July 20-24, 2008	August 3-7, 2008

Name of Applicant \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

School \_\_\_\_\_ Student's E-Mail Address \_\_\_\_\_

Parent(s) or Guardian(s) Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work#) \_\_\_\_\_

Parent's Cell Phone \_\_\_\_\_ Parent's E-Mail Address \_\_\_\_\_

**Please help us supply adequate demographic data regarding our program participants to our funders. All data provided will remain anonymous & confidential.**

1) **GENDER:** \_\_\_\_\_ FEMALE \_\_\_\_\_ MALE 9.) Has applicant previously attended Anytown? \_\_\_\_\_ Yes \_\_\_\_\_ No

2) **Grade applicant will be entering in the fall:**  
\_\_\_\_\_ 9<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup> \_\_\_\_\_ 12<sup>th</sup> 10.) Does applicant have any special needs? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes explain: \_\_\_\_\_

3) **ETHNIC/CULTURAL BACKGROUND:**  
\_\_\_\_\_ White/ European American \_\_\_\_\_ Hispanic \_\_\_\_\_ Native-American \_\_\_\_\_ Multi-racial  
\_\_\_\_\_ Black/African American \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Other (Specify) \_\_\_\_\_

4) **FAITH OR RELIGIOUS AFFILIATION:**  
\_\_\_\_\_ Atheist \_\_\_\_\_ Buddhist \_\_\_\_\_ Christian \_\_\_\_\_ Hindu \_\_\_\_\_ Muslim \_\_\_\_\_ Jewish  
Other (please specify) \_\_\_\_\_

5) **HOUSEHOLD ARRANGEMENT** (select one): \_\_\_\_\_ Both Parents \_\_\_\_\_ Other Relative  
\_\_\_\_\_ Single Parent (mother/father) \_\_\_\_\_ Other non-relative \_\_\_\_\_ Other

6) **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

7) **SCHOOL LUNCH PROGRAM:** (select one) \_\_\_\_\_ FREE \_\_\_\_\_ REDUCED \_\_\_\_\_ N/A

8) **HAS APPLICANT TAKEN AT LEAST ONE ADVANCED PLACEMENT (AP) COURSE?** \_\_\_\_\_ Yes \_\_\_\_\_ No

## HOW DID YOU HEAR ABOUT ANYTOWN? (Please check all that apply)

\_\_\_\_\_ school teacher \_\_\_\_\_ school administrator \_\_\_\_\_ program at school \_\_\_\_\_ friend \_\_\_\_\_ website \_\_\_\_\_ television/radio

\_\_\_\_\_ other (please specify) \_\_\_\_\_ Can you name the individual who introduced you to Anytown? \_\_\_\_\_

**QUESTIONS FOR APPLICANTS:**

Why do you want to go to Anytown? (You may use a separate sheet if necessary)

**Who is a caring adult (a non-parent, teacher, pastor, mentor or after school) who recommends that you attend Anytown?**

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Comment \_\_\_\_\_

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

Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **PROGRAM PARTICIPATION CONSENT AND RELEASE FORM**

**INSTRUCTIONS:** The Anytown program (“Anytown”) is sponsored by Community Tampa Bay, Inc. (“CTB”). As part of the application process, it is important for you to have information about Anytown and to provide CTB with information about the applicant for participation in the program.

**PLEASE READ THIS FORM CAREFULLY BEFORE SIGNING.** *If the applicant is under 18 years of age, BOTH the applicant and his/her parent/guardian must sign.* If either signature is missing, the application **will not be processed.**

*In consideration for CTB’s arranging this opportunity for me/my child to participate in Anytown and having read and understood this consent and release form, I \_\_\_\_\_ hereby agree to the following:*

I understand that Anytown is a youth leadership and diversity awareness program that deals with mature subject matters. I understand discussion topics may include values clarification, self-reflection, stereotypes and prejudice, interpersonal communication, identity, racism, sexism, homophobia, classism, power and privilege, and other issues of social justice. I agree that my/my child’s participation in Anytown is entirely voluntary and that I am/my child is under no obligation to take part in the program.

I understand that participants may find Anytown to be an emotional experience. Throughout the program, participants may experience confusion, anger, joy, sadness, frustration, hope and other emotions as they learn about the impact discrimination has on the lives of individuals. I affirm that I/my child has no known mental or emotional disorders or sensitivities that would interfere with participation and that I/my child is capable of handling the subject matter and emotional nature of this program.

I agree to inform CTB of any changes in my/my child’s medical information as stated in the Health History and Medical Release Form. I understand that in an emergency situation, there is a possibility that I/my child may be driven by CTB employees, volunteers or representatives if the situation would warrant it. I also understand that, although CTB has used great care to provide organization, supervision, instruction, and equipment for each activity, it is impossible for CTB to guarantee participants’ absolute safety. I acknowledge that each participant shares the responsibility for making an activity a safe experience for all participants through appropriate behavior and conduct. I/my child agree(s) to follow directions of the activity leaders at Anytown and not deviate from the planned activities. I understand that CTB reserves the right to dismiss me/my child from Anytown for any reason, including but not limited to, verbal and physical aggression against any Anytown representative or other participant, failure to follow safety or program instructions, or for any other disruptive behavior, if, in CTB’s sole discretion, my/my child’s continued participation would threaten the success of the program.

I have fully investigated the nature of Anytown and agree that I/my child will assume the risks of injury or damage that are inherent in any activity and that may occur as part of participation in the program. I understand that no insurance coverage may exist through CTB to cover any claims that may arise out of my/my child’s participation in Anytown. I agree to bear all financial responsibility for any medical treatment arising from my/my child’s participation in Anytown.

IN CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN ANYTOWN, I EXPRESSLY AGREE AND INTEND THAT MY/MY CHILD’S PARTICIPATION IN ANYTOWN SHALL BE UNDERTAKEN AT MY/MY CHILD’S OWN RISK AND THAT NONE OF CTB, ITS OFFICERS, DIRECTORS, EMPLOYEES, LESSORS, VOLUNTEERS, AGENTS OR ASSIGNS SHALL BE LIABLE FOR ANY LOSSES, INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION WHATSOEVER WHICH MAY ARISE OUT OF OR IN CONNECTION WITH MY/MY CHILD’S PARTICIPATION IN ANYTOWN, WHETHER FROM ACTS OF PASSIVE OR ACTIVE NEGLIGENCE ON MY/MY CHILD’S PART, THE PART OF CTB, ITS OFFICERS, DIRECTORS, EMPLOYEES, LESSORS, VOLUNTEERS, AGENTS OR ASSIGNS, OR THE PART OF THIRD PARTIES. I DO HEREBY FOREVER RELEASE, WAIVE, DISCHARGE COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS CTB, ITS OFFICERS, DIRECTORS, EMPLOYEES, LESSORS, VOLUNTEERS, AGENTS AND ASSIGNS (the “Releasees”) FOR ANY SUCH LOSSES, INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTION.

It is my express intent that this consent and release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the above named Releasees. I agree that the terms of this consent and release form shall be construed in accordance with the laws of the state of Florida and that the exclusive jurisdiction and venue for any dispute arising between CTB and me involving this consent and release form shall be in the courts located in Pinellas County, Florida. In the event that any term or provision of this

consent and release form is found to be unenforceable or void, in whole or in part, such term or provision shall be construed as valid and enforceable to the maximum extent permitted by law, and the balance of this consent and release form shall remain in full force and effect.

**Personal Information**

*All participants receive, as a gift a printed roster with their peer's contact information to foster community.*

Please **initial** one of the following:

- \_\_\_\_ I DO grant permission for my/my child's name, phone number and additional contact information to be distributed to other participants on the program roster.
- \_\_\_\_ I DO NOT grant permission for my/my child's name, phone number and additional contact information to be distributed to other participants on the program roster.

**Photo & Video Release**

*All participants receive a group picture &/or DVD for the week.* Please check one of the following:

- \_\_\_\_ I will be the participant and am over 18 years of age.
- \_\_\_\_ I am the parent or legal guardian of \_\_\_\_\_ ("my child"), who will be the participant.

I understand that I/my child, alone or with other participants and/or CTB 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 CTB and/or others approved by CTB.

I hereby consent to the foregoing and grant permission, without reservation, to CTB and/or those approved by CTB, 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 CTB 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 CTB, 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. **Please INITIAL**

\_\_\_\_ I DO consent and agree to the above photo & video release terms.

\_\_\_\_ I DO NOT consent or agree to any of the above photo& video release terms.

**For parents/guardians:**

**I hereby grant permission for my child to participate in the Anytown program and to complete evaluation questionnaires in connection with the program.**

If the Executive Director or Director of Programs must send my child home for any reason, I agree to pick up my child within four (4) hours of the Director's call. I understand that I may be called at any time of the night or day to arrange for my child's transportation home and that I will be responsible for all costs associated with such transportation.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I HAVE READ THE FOREGOING CONSENT AND RELEASE FORM, UNDERSTAND IT, AND SIGN 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.

Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# HEALTH HISTORY AND MEDICAL RELEASE FORM

The information on this form is not part of the participant acceptance process. This information is gathered to assist in identifying appropriate care for the participant. All medical information is confidential. This form must be completed by the parent(s)/guardian of minors and by any adult volunteer or program participant. Keep a copy of the completed form for your records. Any changes to this form should be provided to the Director of Programs prior to the participant's involvement in the residential program. Please make sure you provide detailed, complete and accurate information so that the staff members are aware of your child's needs.

Applicant's Name (*Last, First Middle*): \_\_\_\_\_

Home Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_

Home Language: \_\_\_\_\_ Cell/Alternate Phone: \_\_\_\_\_

Parent / Guardian's Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Please list TWO other emergency contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the applicant have physical limitation that will restrict participation in program activities? \_\_\_ Yes \_\_\_ No

If Yes, explain: \_\_\_\_\_

Has the applicant been injured and needed medical treatment within the last year? \_\_\_ Yes \_\_\_ No

If Yes, explain: \_\_\_\_\_

Is the applicant presently undergoing professional counseling or therapy? \_\_\_ Yes \_\_\_ No

If Yes, explain: \_\_\_\_\_

## Allergies

List Allergies to Medication	List Allergies to food	List Allergies to environment or other:
_____	_____	_____
_____	_____	_____
Describe reaction and management	Describe reaction and management	Describe reaction and management
_____	_____	_____
_____	_____	_____

## Medications

Please list all medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire duration of the program. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Does this participant take medications on a routine basis?

\_\_\_ Yes \_\_\_ No

Will the applicant be taking any prescribed medication during the program? \_\_\_ Yes \_\_\_ No

If YES please provide the following information: (Attach additional pages for more medications.)

Med. \_\_\_\_\_ Dosage: \_\_\_\_\_

Specific times taken each day \_\_\_\_\_ Reason for taking \_\_\_\_\_

