



Touching Lives. Uplifting Spirits

Project Listen Student Organizer Application

NAME OF STUDENT: _____

SCHOOL NAME: _____ GRADE: _____

APPLICATION TYPE: New Returning

Project Listen is the Freedom House youth leadership development program. Project Listen Student Organizers use digital media and cultural arts as tools to raise awareness and rally their peers to respond to issues affecting urban youth in Boston. The program requires a commitment of approximately 14 hours a week — after school Mondays through Fridays and once a month on Saturdays — for creating and implementing community awareness projects and performing community service. Project Listen student organizers also participate in civic education, leadership and academic support activities each week. A modest monthly stipend is provided during participation in the program.

CHECKLIST FOR COMPLETED APPLICATION:

- PAGE 2 CONTACT INFORMATION
- PAGE 3 MEDICAL INFORMATION
- PAGE 4 TRANSPORTATION RELEASE FORM
- PAGE 5 FIELD TRIP PERMISSION FORM
- PAGE 6 MEDIA RELEASE FORM
- PAGE 7 DATA ACCESS, COLLECTION AND EVALUATION AGREEMENT
- PAGE 8 BEHAVIOR POLICY/ PARENT PARTICIPATION
- PAGE 9 HIGH SCHOOL ESSAY QUESTIONS

Additional Information Requested:

_____ Most Recent Report Card

After your application is submitted, you must:

_____ be interviewed by a Project Listen staff person

_____ attend the Project Listen Orientation

Date submitted: _____ Staff who received the application: _____

Please ensure that all forms, signatures and additional information requested is completed and attached. Application is considered incomplete if not included.



Project Listen Student Organizer Application

Application Type: New Member Returning Member

Student Information		
Name:	Age:	
Date of birth:	School:	Grade:
Current address:		
City:	State:	ZIP Code:
Home Phone #:	Email:	
Parent or Guardian Information		
Name:		Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
Home phone #:	Cell Phone#:	Work Phone#:
<input type="checkbox"/> same as student	Address:	
Employer Name:		
Employer Address:		
City:	State:	ZIP Code:
Preferred Method of Contact: <input type="checkbox"/> home phone <input type="checkbox"/> cellular phone <input type="checkbox"/> email		
Best Time To Call:		
Name:		Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
Home phone #:	Cellular Phone#:	Work Phone#:
<input type="checkbox"/> same as student	Address:	
Employer Name:		
Employer Address:		
City:	State:	ZIP Code:
Preferred Method of Contact: <input type="checkbox"/> home phone <input type="checkbox"/> cellular phone <input type="checkbox"/> email		
Best Time To Call:		



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FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Student's Name: _____ Date of Birth: _____

General Health

Student's Physician/ Clinic:

Food or Medicinal Allergies or Dietary Restrictions:

Special Limitations or Needs:

Chronic Health Conditions:

I certify that documentation of physical examination and immunization in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements, are on file at my child's school.

Parent/Guardian Signature: _____

Date: _____

Health Insurance Information

Health Insurance Carrier: _____

Policy #: _____

Client Services Telephone #: _____

Medical Treatment Consent

I authorize staff and volunteers of the Freedom House/Project Listen who are trained in the basics of first aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Freedom House staff and/or volunteers to transport my child to the nearest medical facility and to secure necessary medical treatment for my child. I will not hold the program responsible for accidents or injuries that may occur and I agree to be responsible for any charges incurred in the rendering of care and treatment for my child

Parent/Guardian Signature: _____

Date: _____

Emergency Contact Information (Other than yourself)

Name: _____

Relationship to Student: _____

Home phone #: _____

Cellular Phone#: _____

Work Phone#: _____

Address: _____

Do you give permission for student to be released to this person? Yes No

Name: _____

Relationship to Student: _____

Home phone #: _____

Cellular Phone#: _____

Work Phone#: _____

Address: _____

Do you give permission for student to be released to this person? Yes No



Project Listen Student Organizer Application

PICK UP DROP OFF PLAN AND AUTHORIZATION

Student's Name: _____

Date of Birth: _____

Please select a daily transportation option for your child.

ARRIVAL TO FREEDOM HOUSE

- Child authorized to walk and/or take the MBTA (train and/or bus) to Freedom House
- Drop off at Freedom House by parent/guardian or other family member

DEPARTURE FROM FREEDOM HOUSE CAMPUS:

- Child authorized to walk home or take the MBTA (train and/or bus) home from Freedom House
- Pick up by authorized person listed below

CHILD RELEASE INFORMATION:

Please indicate below who (**including yourself**) is authorized to pick up your child from Freedom House. Additional names can be added on a separate sheet of paper. (If no one is authorized, please indicate below by writing "NO ONE").

1. Name: _____
(First Name) (Last Name)

Home Address: _____

Relationship to Child: _____

Phone #: _____

2. Name: _____
(First Name) (Last Name)

Home Address: _____

Relationship to Child: _____

Phone #: _____

***Please sign below to indicate your authorization and consent to your child's arrival and departure in the ways described above. (Any changes must be provided in writing.)**

Parent / Guardian Signature

Date



Project Listen Student Organizer Application

FIELD TRIP/EXPLORATION PERMISSION FORM

Student's Name: _____

Date of Birth: _____

I give permission for my child to attend all trips associated with the Freedom House and Project Listen. This includes explorations, apprenticeships, service projects and field trips that may involve walking and travel by public transportation and/or private bus. These trips may occur on non-program days or may require an early release from school. I understand that Freedom House/Project Listen will provide appropriate supervision for such trips. I release Freedom House, Freedom House staff and volunteers from any responsibility for accidents or injuries that may occur.

Parent / Guardian Signature

Date

* A field trip itinerary will be sent home in advance of an off site trip.



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Media Release Form

Student's Name: _____

Date of Birth: _____

Print Media

I hereby give permission for my child's photograph to be taken in connection with the activities of Freedom House and to be used in newspaper and magazine articles, or on television and other presentations concerning the program.

Web/Digital Media

I authorize Freedom House to publish the following information about my child on the World Wide Web for the purpose of marketing and advertising the program:

- Student's First Name
- Student's photo (individual or group)
- Student's photo with identity (first name only)
- Student in video or film
- Student's intellectual property such as artwork, poetry, essays, performances, etc.

Parent / Guardian Signature

Date



Project Listen Student Organizer Application

Data Collection, Access and Evaluation Agreement

Student's Name: _____

Date of Birth: _____

I understand that ongoing evaluations of Project Listen occur to measure the effects of services on program participants and families and to find ways to improve the program. Through out the year Project Listen program staff and contracted community partners will collect information about my child's progress and participation in Project Listen and in school.

I understand that, as part of the evaluation, information about my child's enrollment, attendance, and school performance may be obtained from my child's school and school district. I also understand that information about my child's participation and progress in Project Listen may be obtained, and that my child and I may be asked to complete surveys and/or participate in group interviews about ourselves and our experiences with this program.

I understand that any information collected about my child and me will be known only to those responsible for collecting and analyzing evaluation data and that our names *will not* be used in any report.

I hereby give permission for Freedom House program staff and contracted community partners to collect data, including official school records, about my child.

Parent / Guardian Signature

Date

Please print your name



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BEHAVIOR POLICY

I understand that Freedom House is responsible for maintaining a safe, educational environment and if my child's behavior is disruptive or in violation of Freedom House rules for student behavior s/he may be dismissed from Freedom House.

Parent / Guardian Signature

Date

PARENT PARTICIPATION

Freedom House values and supports parent involvement in our youth programs. Parents are expected to attend quarterly family engagement events and are welcome to serve as program volunteers through out the year. In addition to attending the required family meetings, please let us know ways that you can support your child at Freedom House:

- Snack preparation
- Lead a workshop
- Serve as a tutor
- Serve as a chaperone for field trips
- Assist with event planning and preparation
- Assist with event marketing (handing out fliers)
- Assist with community service days
- Attend school board meetings as a Freedom House representative
- Other: _____



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Short Essay Questions

For Students: Please answer the following questions. (At least a three sentence response)

1. If I knew that my success was guaranteed then I would:

2. When I was younger I wanted to become:

3. My experiences in my community have led me to believe:

4. My experiences with school have led me to believe:

5. The skills I have to offer while a member of Project Listen are: