

Updated 2019

Hope 29:11 Family and Communtiy Foundation

Participant Application

**Application Process for Participants:**

1. Adult or Agency responsible for child must complete application in full and submit all documents to Program Director by email at:

Paula Burgin, Program Director

Email: plburgin@yahoo.com

Phone: 828-442-3672

1. Program Director will review application and will notify Adult or Agency of child’s denial or acceptance into program within one week of receiving full application.
2. Upon acceptance into the program, the family, Program Director, Executive Director and Vendor host will meet collectively and discuss next steps for beginning the program!

**If you have any questions or concerns please contact Hope 29:11 Program Director, Paula Burgin.**

**Contact Information**

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is the participant currently living with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Church Information**

Does child currently attend church? ** Yes No**  \*If yes please complete following questions\*

How Often? Once a Week Twice a Week  Three Times a Week  Sporadically

Church Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pastors Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Information**

1. Does participant have any basic needs that are currently not being met?
2. What are participants hobbies or interests?
3. What are participants strengths, and what do they want to learn from participating in the program?
4. Please list any allergies, and current medications participant is taking:
5. What challenges does participant currently face in home/ family/ school situations?
6. Does participant have any history of physical, mental, or intellectual disability that may require necessary accommodation during program?
7. Does participant have juvenile record? If yes please give brief description.

**If possible, please attach a brief description of the participants family history and current circumstances and any additional information that will help us better serve this participant.**

# Parent and Guardian Covenant

We, as parents, and as a part of the Hope 29:11 Foundation agree to the following:

1. We will strive to be active members at a local church, attending regularly with our children and encourage their participation.

1. We will live out the values of Hope 29:11 at home with our children, setting an example in our relationships in the community and at the workplace.

1. We will help our children to work towards the goals they set for themselves through the program.

1. We agree to work with Hope 29:11, their employees and their vendors to resolve any issues that may arise while we participate in the Hope 29:11 program in a Matt. 18:15-20 manner.

1. While attending is not mandatory, we recognize that Hope 29:11 provides a network of families intended to provide support for us as we support our children. I (we) agree to attend at least one session a month to support my (our) child.

1. I (we) have read the Core Beliefs of Hope 29:11 and agree not to oppose my (our) child’s instruction in accordance therewith.

1. We agree to bring our children to all scheduled lessons and programs with Hope 29:11 and their vendors. If we cannot make a meeting, we will notify Hope 29:11 program director and the vendor 24 hours in advance.

1. We agree to be punctual, arriving to scheduled lessons and programs on time and will call ahead if we are running behind.

1. We understand that missing three or more lessons, without providing 24 hours’ notice to Hope 29:11 and their vendors, within a quarter of a year may result in the removal of our child from the program. Each quarter last 3 months, January through March, April through June, July through September, and October through December. At the start of each new quarter, absences from the past quarter are forgiven.

1. We will be respectful of both the instructor’s time and other student’s time by allowing them to move on to the next lesson after ours is completed.

1. We will assure that our child is appropriately dressed for the day's activity before arriving. Any child who is not appropriately dressed may be limited in the activities that they are able to take part in.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  Hope 29:11 Participant Code of Conduct

**As a participant in the Hope 29:11 Program, I understand and agree to the following:**

**My Relationship with God:**

\*I will speak of God in respectful ways.

\*I will be willing to listen to Biblical teaching.

**My Relationship with others:**

\*I will be respectful and kind to those in authority.

\*I will listen and follow directions.

\*I will be kind and say kind and encouraging words to other kids participating in Hope 29:11.

\*I will actively put forth effort in meeting and developing a relationship with my mentor.

\*I will only use other’s personal property when given permission.

**My Relationship with myself:**

\*I will treat myself with respect and not use negative self-talk.

\*I will dress properly for the farm and Hope 29:11 events.

\*I will work hard and do my best at the task I am given at the farm.

**Personal Development:**

\*I will be on time to the farm and Hope 29:11 events.

\*I will follow school attendance policy, maintain a passing grade and ask for tutor help if needed.

\*I will not use electronics while participating in Hope 29:11 activities (phones, iPods, etc.).

\*I will not leave Hope 29:11 events or farm property without permission.

**I have read the Code of Conduct and agree to abide by this covenant.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent Signature)

**WAIVER AND RELEASE OF LIABILITY**

**This Waiver and Release of Liability is entered into this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, and will be used by the Hope 29:11 Foundation for any activity in which I may participate, and that it will govern my actions and responsibilities at said activity.**

**In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:**

1. **I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: the Hope 29:11 Foundation and/or their directors, officers, employees, volunteers, representatives, and agents, and the vendors, sponsors, and volunteers;**

1. **INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, including court costs and attorney's' fees that the Hope 29:11 Foundation may incur due to my participation in said activities, whether caused by the negligence of the Hope 29:11 Foundation or otherwise.**

**I acknowledge that the Hope 29:11 Foundation and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.**

**I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.**

**I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.**

**This Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.**

**Chapter 99E of the North Carolina General Statutes**​**: Under North Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities.**

**I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Guardian Signature**