

No Guns Just Gloves Program

32 Hwy 35, Neptune, NJ 07753, 732-774-1363 * 732-895-9422

Youth Application

(To Be Completed by the Parent/Guardian)

Personal Information

Youth's Name: _____ Date: _____

Date of Birth ___/___/___ Age: _____

Gender: Male _____ Female _____

Parent/Guardian Name: _____

Relationship to Youth: Mother _____ Father _____ Other (specify):

Is either Parent incarcerated (if applicable): _____ Mother ___ Father _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone:

Other/Message phone: _____

Ethnicity: Native: _____ Specify Tribe/Pueblo _____ Hispanic: _____

African American: ___ Asian: ___ Other: _____

Name of School: _____ Grade: _____

Emergency Contact Name: _____ Phone Number: _____

Household income: (Please check one)

Persons in family	Poverty guideline
____ 2	\$14,570 or less
____ 3	18,310 or less
____ 4	22,050 or less
____ 5	25,790 or less

- _____ 6 29,530 or less
- _____ 7 33,270 or less
- _____ 8 37,010 or less

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

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 our No Guns Just Gloves Program?

2. Briefly describe your expectations for this Program:

3. Is your child available to meet with Coaches at least two days a week and be accountable to and have regular contact the length of the sponsorship? Please explain any particular scheduling issues.

4. Describe your child’s school performance including grades, homework, attendance, behaviors, etc.:

5. Does your child have friends? Please describe his/her friendships.

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

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

8. Can you provide any additional background information that may be helpful to our coaches?

9. Would you allow us to share this information with her/his Mentor?

Medical History

Name of Primary Care Physician: _____ Phone No.: _____

Medical Insurance Provider: _____

Policy Number: _____ Phone No.: _____

Does your son/daughter have any physical problems or limitations?

Is your son/daughter currently receiving treatment for any medical issues?

Is he/she currently on any type of medication? Is so, please specify.

Does your son/daughter have any known allergies or adverse reactions to medications? If yes, please describe them below:

Does your son/daughter have any emotional issues or problems right now?

Is your son or daughter currently seeing a counselor or therapist?

Therapist's Name: _____

PLEASE READ THIS CAREFULLY BEFORE SIGNING: *(Continued on next page)*

No Guns Just Gloves Program appreciates you and your child's interest in his/her becoming a part of the No Guns Just Gloves program. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their son/daughter to participate in the Program.

After receiving this completed application from you, we will evaluate the information and contact you letting you know if your child has been accepted into the program and has a sponsor. Much of the information you supply in this application packet will be used to match your child with an appropriate coach and sponsor. Therefore, the program staff may, at times, need to access and share this information with prospective sponsors and other parties when it is in the best interest of the match. However, we do not reveal names until there is an initial interest from the youth, parent/guardian, coach and sponsor based first upon anonymous information provided about each other.

Please initial each of the following:

_____ I give my informed consent and permission for my child to participate in the No Guns Just Gloves Program and its related activities.

_____ I agree to have my child follow all program guidelines and understand that any violation on my child's part may result in suspension and/or termination from the program.

_____ I release the NO Guns Just Gloves Program/ Southpaw Gym, its owners, coaches, instructors trainers, employees representatives and agents/ the USA Amateur Boxing Association of NJ & Colorado of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to training, sparring, bouts and/or transportation, and hold harmless any No Guns Just Gloves – Southpaw Gym, its owners, coaches, instructors trainers, employees representatives and agents/ the USA Amateur Boxing Association of NJ & Colorado, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ (*Optional*) I agree to allow NO Guns Just Gloves (Southpaw Gym) to use any photographic or video image of my child taken while participating in the Program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Contact and Information Release Form
- Interest Survey Form
- Request for School Records
- Consent for Evaluation Activities

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Parent/Guardian Signature

Date

Youth Signature

Date

Please return or mail this application and the items listed above to:

NO Guns Just Gloves
Ringside Rescue Advocates for At Risk Youth
Southpaw Gym
32 Hwy 35, Neptune, NJ 07753
732-774-1363 or 732-895-9422

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Youth Interest Survey

(To Be Completed by Youth)

Please complete all the following. This survey will help NO Guns Just Gloves Program know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your coaches/sponsors? Please check all that apply:

Weekdays: _____ **Weekends:** _____

Lunchtime: _____ **After School:** _____ **Evenings:** _____

Other: _____

Do you speak any languages other than English? If so, which languages?

What are some favorite things you like to do?

What are your favorite subjects in school?

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

What are your favorite subjects to read about?

What is one goal you have set for the future?

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

What person do you most admire and why?

Describe your ideal Saturday.

Please tell us what sports, activities or things you are interested in:

List any other areas of special interest:

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Photo Release Form
No Guns Just Gloves Program

I, _____ (parent and/or Guardian name) hereby authorize the No Guns Just Program and Ringside Rescue/Southpaw Gym to use, reproduce, and /or publish all visual materials, including photographs that may pertain to me or my child **Contact and Information Release** *(to Be Completed by the Parent/Guardian)* _____ (child's name). I understand that this material may be used in various publications for the program (ex. Publicity, brochures, illustration, advertising, Web site, You Tube, Face Book, Instagram, all social media and recruitment) or for other related endeavors.
 Youth's Name: _____ Date: _____

This authorization is continuous and may only be withdrawn at my written or School; verbal request. I have read and understand the above: _____

I hereby grant permission for No Guns Just Gloves Program to make contact with my child and conduct a personal interview for the purposes of applying to be a Youth Participant. No Guns Just Gloves may also make contact with my child on school premises for the purposes of screening and interviewing as well as ongoing support of his/her participation in the program.

 Parent Signature Youth/Minor Signature
 Parent(s) Name Printed Youth/Minor Name Printed
I authorize No Guns Just Gloves to obtain any needed information regarding my child from his/her school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff.

 Date Date

Further, I understand that basic information about my child will be anonymously (without names) shared with a prospective sponsor to aid in determining a suitable match. Once a sponsor match is determined, mine and my child's identity and other relevant information will be shared with the sponsor to the extent it aids in facilitating a successful match.

Address: _____
 City: _____
 State/Zip: _____,
 Phone Number: (Home) (_____) _____

 Parent/Guardian Signature (Call) (_____) _____ **Date**

Organization Name: NO Guns Just Gloves – Ringside Rescue Advocates for At Risk Youth

Address _____

City _____ State _____ Zip _____

Home Phone: _____
 Please return to: By Mail – Ringside Rescue – 94 s. Main Street, Ste 2, Ocean Grove, NJ 07756

Cell Phone: _____
 In Person: Southpaw Gym – c/o Ringside Rescue, 32 Hwy 35, Neptune, NJ 07753

Work Phone: _____

Message Phone: _____

No Guns Just Gloves Program

Youth Contract

Name: _____

Date: _____

By choosing to participate in the No Guns Just Gloves Youth Mentoring Program, I agree to:

- Follow all rules and guidelines as outlined by the program manager, mentee training, program policies, and this contract
- Have a positive attitude and be respectful of my coaches/sponsors and all staff
- Make a one-year commitment to being matched with my sponsor(s)
- Meet at least eight hours per month/2 days per week with my coaches
- Make at least weekly contact with my coaches
- Obtain parent/guardian permission for all meeting times at least three days in advance, if possible
- Be on time for training or call my coaches at least 24 hours beforehand if I am unable to make training
- Discuss monthly meeting times and activities with the program manager, and regularly and openly communicate with the program manager as requested
- Inform the program manager of any difficulties or areas of concern that may arise
- Notify the program manager if I have any changes in address or phone number
- Agree to participate in a least 3 community service projects per year

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program manager at this time or in the future.

(Signature)

(Date)

No Guns Just Gloves Mentoring Program

Mentee Interview

(To Be Completed By Staff)

Applicant Name: _____

Date: _____

Interviewed by: _____

I need to ask a number of questions about you that will help us making this program a safe and positive experience for you. Some of the questions are personal and I want you to know that what you tell me will be confidential, meaning I won't tell your parents unless you give me permission. However, I am required to report anything that indicates you have done or may do harm to yourself or others. And some information, such as what you would like to do with a mentor or things you are interested in may be shared with a prospective mentor. Do you understand?

1. Why do you think you'd like to be in this program?
2. Can you tell me what a sponsor is?
3. Will you be able to fulfill the commitments of the program – eight hours per month/2 training days a week & with weekly contact for one year?
4. One of the program requirements is to communication with program staff once a month about program, progress and training, concerns, regarding your coaches. Are you okay doing that?
5. What types of activities/community projects would you like to do?
6. What hobbies or interests do you have?
7. How would you describe yourself?
8. How do you think friends and family members would describe you?

9. How do you like school?

10. How well do you do in school?

11. Tell me about your friends.

12. Have you ever been arrested? If so, when and for what?

13. Do you currently use any alcohol, drugs or tobacco?

14. Do you have any questions about the program I can answer for you?

Interviewer Comments:

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Ringside Rescue – Advocates for At Risk Youth No Guns Just Gloves Mentoring Program

Victor A. Lashley, Founder

Stephanie, Program Manager

REQUEST FOR SCHOOL RECORDS FOR NO GUNS JUST GLOVES MENTORING PROGRAM PARTICIPANTS

As you probably, know, your child is enrolled in the No Guns Just Gloves Mentoring Program at ICAT Academy of Boxing, Fitness & Martial Arts. NGJG/Ringside Rescue/Southpaw Gym collects information about participants in order to find out if the program is making a positive difference for your child. Although you have already signed a NGJG/Ringside Rescue/Southpaw Gym permission form for your child to participate in the program and to complete the program survey, we would also like to see if the program is helping your child to do better in school. In order to do this, we are requesting your permission to obtain your child's report card grades and information about absences. All information we collect will be strictly confidential. We will only use summaries of this information all students in the program, but never about any individual student. Please call Stephanie Brunson Lashley, Program Manager, at NGJG/Ringside Rescue/Southpaw Gym (732-895-9422) if you have any questions. Thank you so much for your support.

STUDENT: _____

GRADE: _____

BIRTHDATE: _____

I hereby authorize _____ **School** to release the following records of the student named above to the **NGJG/Ringside Rescue/Southpaw Gym** for the purpose of evaluating the effectiveness of the NGJG/Ringside Rescue/Southpaw Gym Mentoring Program.

1. REPORT CARDS FOR THE SCHOOL YEAR (grades in major academic subjects)
2. ATTENDANCE INFORMATION (if not already on Report Card)

(Signature of Parent/Guardian)

(Date)

Thank you for supporting the No Guns Just Gloves Mentoring Program

PLEASE RETURN TO:

Please return to: By Mail – Ringside Rescue – 94 s. Main Street, Ste 2, Ocean Grove, NJ 07756
In Person: Southpaw Gym – c/o Ringside Rescue , 32 Hwy 35, Neptune, NJ 07753

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Youth Letter/Essay

Please tell us in your own words why you think you should be in this program.

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Adult Referral Letter

Please tell us in your own words why you think this child you should be in this program.

Thank you for your interest in our program. If you need help with this application process, please do not hesitate to contact Stephanie Lashley, our program manager at the above number. We will do all that we can to match every child with a sponsor.