



TRANSFORMING MINDS.
CULTIVATING CHARACTER.
BUILDING COMMUNITIES.



Character Development Check List

Team Member:		Age:	Grade Level:
Date of Birth:	Race:	School:	

<input type="checkbox"/>	Application Form
<input type="checkbox"/>	Parent's Pledge Form
<input type="checkbox"/>	Medical Survey
<input type="checkbox"/>	Media Release Form
<input type="checkbox"/>	Travel Release Form
<input type="checkbox"/>	Copy of Team Member's Student ID



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Character Development Program Application

Today's Date: _____

Team Member Name: _____

Date of Birth: _____ Age: _____ Race: _____

Shirt Size: YS YM YL YXL SM. MED. LG. XL 2XL 3XL 4XL Bottoms Size: S M L XL 2XL 3XL

Parent/Guardian Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Phone #: _____ Cell #: _____ Emergency #: _____

Email address: _____

Number of Residents in household (*including yourself*): _____ Religious Preference: _____

List all organizations, extracurricular, clubs your son/daughter is involved in:

Describe your son's or daughter's conduct behavior at school, home and/or other:

Describe any pronounced challenges that your son/daughter may be having (social, moral, and physical)?

To your knowledge, has your son/daughter been involved in the abuse of any substance (himself, family, friends)?

To your knowledge is your son/daughter involved in any gang activity (him/herself, family, friend)?>?



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Character Development Intake Questions

What happens at the end of a school day?									
What responsibilities (chores) do you have?									
What do you like to do with your free time?									
What was the happiest time in your entire life?									
What was your proudest moment?									
What was your saddest moment?									
Rank your relationship with your mother (1-10) 10 being the highest:									
1	2	3	4	5	6	7	8	9	10
Rank your relationship with your father (1-10) 10 being the highest:									
1	2	3	4	5	6	7	8	9	10
What are some things you would hope to improve with your mother or father?									
What tools do you use to settle down when you are angry?									
Have you ever tasted alcohol? If yes, what was it like when you first tasted alcohol?									
Have you ever used marijuana? If yes, what was it like when you first used marijuana?									
Have you had your first kiss? If yes, what was it like for you?									
How far do you think a girl should go with a boy when dating?									
What are your academic goals?									
What kind of student are you? What kind of student are you capable of being?									
What is your greatest weakness?									
What is your greatest strength?									
How do you see yourself in 5 years from now?									
Who is your favorite artist?									
What is your favorite kind of music?									
What are your favorite hobbies?									
What is the most important quality a woman should have?									



Character Development Parent's Pledge

1. I will work to be the best parent I can be. Parenting is a daily mission, and there are no substitutes for good parents. Since I have not been taught to be a parent, in order to make my "on the job" training easier I will study, listen, observe, and learn from my mistakes.
2. I will openly display love and caring for my mate and children. I will listen to my mate and children. I will hug and kiss my children often. I will be supportive of my spouse and spend quality time with my children.
3. I will teach by example. I will try to introduce myself and my family to something new and developmental each week. I will help my children with their homework and encourage them to be involved in extracurricular activities.
4. I will read to or with my children as often as possible. I will provide opportunities for my children to develop creatively in the arts: music, dance, drama, literature, and visual arts. I will challenge my children to do their best.
5. I will encourage and organize frequent family activities for the home and away from the home. I will try to make life a positive family.
6. I will never be intoxicated or "high" in the presence of my children, nor will I use language unbecoming for an intelligent and serious parent.
7. I will be nonviolent in my relationships with my mate and children. As a parent, my role will be to stimulate and encourage my children rather than carry the "big stick".
8. I will maintain a home that is culturally in tune with the best of a diverse culture that represents the best of what it means to be a citizen of the world.
9. I will teach my children to be responsible, disciplined fair, and honest. I will teach them the value of hard work and fruitful production. I will teach them the importance of family, community, politics, and economics. I will teach them the importance of the ownership of property and businesses plays in a role in promoting a just society.
10. As a parent, I will attempt to provide my family with an atmosphere of love and security to aid them in their development into sane, loving, productive, spiritual, hard-working, creative people who realize they have a responsibility to do well and help the less fortunate of this world. I will teach my children to be activists and to think for themselves.

We have to keep our children active, and it is never too early to prepare them for the outside world.

Parent's Signature

Date



Team Member's Pledge - Four Agreements

Each team member must be willing to receive instructions, directions and corrections from an adult staff or volunteer. Each team member must be properly dressed (appropriate for age, weather, and school, not socially offensive.)

Membership: Membership must be earned by the student and cannot be derived by any other means. The membership process has relevant opportunities to demonstrate responsibility and accountability. Membership in the Character Development Program provides opportunities for Structure, Directions, Culture Awareness, Community Services, Career Development and Organized Fraternal Relationships.

Monitoring: After intake and for a period no less than six (6) weeks the staff will monitor the team members' progress using the following criteria:

- Regular attendance at program
- Parent responsiveness to the program
- Adherence to program standards
- Improvement in school academics
- Behavioral improvements at home and school
- Interest in Manhood /S.H.E. (Strong, Healthy & Empowered) Program

The Four Agreements:

I, _____, as a Manhood Development/ S.H.E. Program Team Member, agree to the following Four Agreements. I will:

- Be impeccable with my word
- Not take anything personally
- Not make assumptions
- Always do my best

Signatures:

Team Member	Date
Parent/Guardian	Date
Character Development Director	Date



Travel Release Form

The Character Development Program will participate in various field trips. I, _____ give my son/daughter (s) _____ to participate in all scheduled activities.

By extending your permission for your child to participate in this trip, you are expressly agreeing to release Pro-Vision and their appointed trip leaders from all liability for any claims, legal or otherwise, which could arise from said trip. This includes any claims for liability for personal injuries or death even if sustained as a result of negligence of any of the released parties. By signing this Release, you are agreeing that Pro-Vision, Inc. and the trip leaders are not responsible for accidents, personal injuries or death, baggage losses, weather, or other problems. In the event it becomes necessary or advisable for the comfort or wellbeing of the trip participants, or for any reason whatsoever, to alter the itinerary or arrangements, such alterations may be made without penalty to Pro-Vision, Inc. and or their appointed trip leaders.

I, _____, the parent \ guardian of _____

May be contacted by phone at _____ to authorize medical treatment in the event of an accident or serious illness to my child. Should I not be available, I do hereby authorize any representative of the Pro-Vision, Inc. to authorize treatment in my proxy. I understand that in doing so; I do not hold them liable in any way.

Parent \ Guardian Signature

Date

.....
Please list ANY medication that the team member is currently taking: _____

My son/daughter has the following allergies: _____

My son's/daughter's medical insurance policy is with: _____

The policy # is: _____

Name: _____

Address: _____

Phone: _____



Medical Survey

PART I

Team Member: _____ SS#: _____

Age: _____ Parent/Guardian Name: _____

Home #: _____ Emergency #: _____

SHOULD BE COMPLETED BY THE PARENT

Previous History	Yes	No	Explain
Bleeding			
Head Injury			
Asthma			
Hernia			
High Blood Pressure			
Tuberculosis			
Sickle Cell			
Kidney or Lung Disease			
Hepatitis			
Rheumatic Fever			
Contact or Lenses			
Diabetes			
Emotionally Disturbed			
Allergies			
Surgical Operation			
Neck Injury			
Disability			
Other			
Other			

Each team member and his parents are required to notify the Character Development Director of the following medical needs:

- Prescription Drug Use
- Medical condition such as epilepsy, diabetes, and allergies (bee stings, bites, medication, foods, etc.)
- Medical treatment such as asthma, inhalants, insulin, etc.



PART II

Please note: Team Member can only take medication during the S.H.E. Character Development program with proper prescription labeling. Parents/Guardians must provide all medications to the Character Development Director.

PRESCRIPTION DRUG USE: Please list the Name of all drugs a Team Member is using:

Name of Drugs	Dosages

Allergic to any medications: Please list them below:

1.	5.
2.	6.
3.	7.
4.	8.

.....

Parent's Signature

Date

Team Member's Signature

Date



Media Release & Consent Form

I, as the parent or guardian of _____, hereby give Pro-Vision, Inc. and its employees, representatives, and authorized media organizations permission to use named child's photo or video, and likeness for the purpose of promotion by Pro-Vision, Inc. for all forms, media and manners, for the following, but not limited to news release, photographs, video, audio, website, marketing, advertising, trade, promotion, exhibition for an indefinite period of time.

- * This is with the understanding that neither Pro-Vision, Inc. nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproductive/broadcast of said photograph or likeness. I am fully aware that I will not receive monetary compensation for my child's participation.
- * I further release and relieve Pro-Vision, Inc., its Board, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.
- * I waive any right to inspect the uses of any printed or electronic copy. I hereby release Pro-Vision, Inc. and its employees, representatives, and authorized media organizations for any claims that may arise from the uses, including without limitations claims of defamation or invasion of privacy, or of infringement of moral rights of rights of publicity or copyright.

I certify that I have read the Media Consent and Release Liability statement and fully understand the terms and conditions.

Please Print:

Name of Child _____ Grade _____

Address _____

City, State, Zip _____

Signature of Parent or Guardian _____

Date _____ Phone number _____

Pro-Vision, Inc.
2656 South Loop West, Ste. 650, Houston, Texas 77054
Phone: (832) 804-8814 | Email: info@provision-inc.org



Income Verification Form

In order to keep our programs cost free to our members, we are often required to solicit support from foundations and corporations to offset the costs to financially execute these programs. The information below is used to provide general economic information and justify the no cost programming. We do not share any names or address information with our supporters. Thank you for assisting us by providing this information and allowing us to serve your child and your family. We truly consider it an honor.

Parents complete all information below:

Parent's Name: _____

Date: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

Female Head of Household: ☐ Yes ☐ No

Household Information

NAME	AGE	GENDER	ETHNICITY (H/NH)	RACE	DISABLED (Y/N)	Co-Household (Spouse/Partner)

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