



C/O Community Arts Cafe // 411 West Fourth Street // Winston-Salem, NC 27101
336.749.1317 // www.authoringaction.org

Dear Parent/Guardian:

Thank you for your interest in Authoring Action! We are a non-profit educational enrichment and outreach organization dedicated to developing young people as authors and advocates for social change. Our signature creative writing and spoken word (public speaking) methods offer young people ages 13-18 the tools to discover their unique voices, explore and transform their lives, and become the positive change they want to see in the world. We are always looking for enthusiastic, creative young people to join our group.

Authoring Action programming is offered free of charge for students; however, families in a position to do so are encouraged to make a tax-deductible donation in support of Authoring Action's mission in service to youth and community. Youth who are accepted into the program and full participate have the opportunity to earn a nominal stipend.

This packet includes:

- A description of Authoring Action's year-round program and guidelines (includes Summer Institute, After School Intensive Workshops and the Assegai Outreach Ensemble)
- A Program Application
- A Student Intake Form

As you go through these materials, you'll notice that they include some personal, in-depth questions. It is not our intention to be nosy. Rather, the more we know about your child, the more effectively we can work together to ensure a successful Authoring Action experience for him/her.

Once you have completed the application and accompanying forms, please mail or hand-deliver them to the address at the top of this page.

After we have received your completed application packet, we will contact you by phone to arrange an interview with you, your child and Authoring Action program leaders. Interviews generally last about 30-45 minutes, and are held in the early evening hours to accommodate work schedules.

If you have any questions prior to hearing from us, please do not hesitate to contact our office at 336.749.1317.

We look forward to meeting you and your child soon!

Best Regards,

Lynn Rhoades, Executive Director
Nathan Ross Freeman, Artistic Director

AUTHORING ACTION PROGRAM DESCRIPTION

Authoring Action Summer Institute at the Children's Home

- What:** A five-week intensive opportunity for youth to work collaboratively with peers, mentors, and professional writers and artists in filmmaking and other disciplines to:
- Author original written works from their life stories and societal predicaments
 - Refine, compile, and adapt their collaborative written works to create a stage and film production
 - Participate in a final public commencement production

Each day of the Summer Institute begins with yoga, physical exercises, and a community circle to center and energize the group and set the tone for working together. Rigorous days of writing, presenting, staging, and/or filming are closed with a parting community circle.

When: June 27 – July 29, 2011

Monday-Friday. Youth must arrive by 8:30 a.m. each day. Sessions begin promptly at 8:45 a.m. and run until 4:15 p.m.

During the fifth and final week, hours may be extended to prepare for the public commencement production. If you are aware of a conflict with the above schedule and attendance requirements, Authoring Action respectfully requests that you do not apply at this time and invites you to consider participating at another time.

A personal commitment to attend ALL sessions is important for each youth's personal experience and the group as a whole. This is especially critical during the final/production week. As such, Authoring Action requires that parents/guardians ensure their child does not have any appointments, conflicts, or plans to be out of town during this time.

- Where:** The Children's Home, 1001 Reynolda Road. The exact meeting location will be provided in follow-up communications. Transportation is the responsibility of parents/guardians or their authorized designees. Free bus passes will be made available upon request.

Authoring Action After School Advanced Writing Workshops

- What:** After school workshops held twice a week throughout the school year. In these sessions, youth continue to hone their creative writing and spoken word skills, build their body of original written work and further explore the art of adapting written works for stage and film forums.

- When:** After school workshops typically are held on Mondays and Wednesdays from 5:30 p.m. – 7:30 p.m. Youth and parents will receive additional details when plans for the 2011-2012 workshops are finalized.

- Where:** To be determined.

Authoring Action Assegai Outreach Ensemble Authoring Action youth are regularly invited to participate in community events and present their original pieces to groups seeking youth participation and insight on various community issues.

Transportation to the workshops and Assegai Outreach Ensemble engagements is the responsibility of parents/guardians or their authorized designees. Free bus passes generally are not available during the After School portion of the program.

**Authoring Action
PROGRAM GUIDELINES**

A successful applicant to the program...

- Has an interest in writing, self-expression, and positive change for self and the greater community
- Has a reliable source of transportation to program sessions (Free bus passes are available for the summer program)
- Commits to attending and actively participating in all components of the year-round program: The Summer Institute at the Children’s Home, After School Advanced Writing Workshops, and Assegai Outreach Ensemble engagements
- Seeks to work well with others and commits to supporting the development of his/her fellow members
- Strives to maintain a GPA of 3.0 or higher in school
- Commits to not participate in the sale, purchase, or consumption of any illegal drugs or alcohol and understands that to do so may result in expulsion from the program
- Agrees to help make sure the spaces Authoring Action borrows for program purposes are clean, neat, and back in order at the conclusion of each session
- Agrees to immediately report any accident or injury to program staff, no matter how minor
- Agrees to abide by all group agreements and program guidelines, including participation in evaluation activities such as knowledge and opinion surveys

Parents/Guardians of applicants to the program agree to...

- Support their child’s full participation in the year-round program and Assegai Outreach Ensemble, including ensuring appropriate transportation arrangements
- Ensure a strong focus on the completion of program and school assignments and success in learning
- Ensure their child gets adequate sleep and nutrition to support their energy and full participation in Authoring Action programming and school
- Communicate with Authoring Action staff if, for any reason, their child cannot attend scheduled program sessions

<p><u>I have read the above, agree to the terms outlined and pledge to honor my commitments:</u></p> <p>Youth Applicant Signature:</p> <p>Parent/Guardian Signature:</p>	<p>Date:</p> <p>Date:</p>
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AUTHORING ACTION CONFIDENTIALITY POLICY

To provide responsible and professional service, it is necessary for youth and their parents to divulge personal information about themselves and their families. This information is treated confidentially and maintained in youth records. The documentation is the property of the agency and not the property of the staff or clients.

1. Access to Confidential Information:

- a. Confidential information about youth and their families is shared only within the agency with the exception of specific situations listed below in under the "Limits of Confidentiality" section.
- b. The right to confidentiality applies to written records, video/film/digital pictures or use of youths' names in publications.
- c. To best assess our youth, information from outside sources may be required. The youth will sign a "Consent to Release Information" to enable the agency to obtain the information.
- d. Agency records are not available for review by youth.
- e. Agency records are stored in files cabinets in locked offices or storage rooms.
- f. The Executive Director, according to specific guidelines, will handle situations where agency staff violates the Confidentiality Policy.

2. Limits of Confidentiality:

- a. Information will be released to other individuals or organizations and/or obtained from such parties upon presentation of an authorized "Consent to Release Information" form appropriately signed and dated by the youth.
- b. Identifying information of youth who have given permission may be used in agency publications or promotional materials.
- c. For purposes of program evaluation, audit, or accreditation, and with the prior approval of the Executive Director, certain outside bodies may have access to client records upon authorization by formal motion by the Executive Director.
- d. Records may be provided to law enforcement officials or the courts only upon presentation of a subpoena.
- e. State law mandates that suspected child abuse must be reported to the Department of Social Services. Agency staff, volunteers and members of the board of directors are mandated reporters un the Child Protective Service Law, and shall report all instance of suspected child abuse to the Executive Director who will in turn report these instances to the Department of Social Services.
- f. If an agency staff member receives information that indicates a youth is dangerous to themselves or others, necessary steps will be taken to protect the appropriate party.
- g. At the time a youth is considered a match candidate (with a volunteer/mentor), information is shared between the prospective match partners. Each match party has the right to refuse the proposed match based on the information provided. The client shall have the right to discuss the specific information with the staff before it is presented to the potential match mate.
- h. For purposes of completing intake information on clients, case records may be taken from the office by staff.

<u>I have read and understand the above policy:</u>	
Youth Applicant Signature:	Date:
Parent/Guardian Signature:	Date:

**Authoring Action
PROGRAM APPLICATION**

How did you hear about Authoring Action?		
Youth's Name (First, Middle Initial, Last)		
Prefers to be called:		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (Month/Day/Year):	Age:
Final GPA At End of 2010-2011 School Year:	Grade Youth Will Enter In 2011-2012 School Year:	Name of School Youth Will Attend in 2011-2012 School Year:
Race/Ethnicity: <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other		
Languages Spoken In the Home:		
Home Phone:	Youth's Cell Phone:	Youth's E-mail:
Has Youth Previously Participated In Authoring Action (or WSYAI)? <input type="checkbox"/> Yes in _____ (Year) <input type="checkbox"/> No		
Have Any of the Youth's Siblings/Relatives Previously Participated In Authoring Action (WSYAI)? <input type="checkbox"/> Yes _____ (Names) <input type="checkbox"/> No		
Please Indicate if Youth is Involved in Any of the Following Activities: <input type="checkbox"/> Band <input type="checkbox"/> Sports/Cheerleading <input type="checkbox"/> Tutoring <input type="checkbox"/> Drama <input type="checkbox"/> Clubs _____ (Focus area) <input type="checkbox"/> Other		
Guardian(s) With Whom Youth Lives: (First and Last Names): Guardian #1: Guardian #1		
Relationship To Youth:		
Guardian #1 Cell Phone:	Guardian #1 E-Mail:	
Guardian #2 Cell Phone:	Guardian #2 E-Mail:	
Highest Level Education Completed: Guardian #1 <input type="checkbox"/> Some High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College/Technical school <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Advanced Degree		

Guardian #2 <input type="checkbox"/> Some High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College/Technical school <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Advanced Degree			
Street Address:	City:	State:	ZIP:
Who Else Lives in the Household (Names/Ages/Relationship to Youth)?			
Does Youth Have Any Siblings Living Elsewhere? (If so, please indicate their names and ages)			
Guardian #1 Employer, Address and Work Phone:			
Guardian #2 Employer, Address and Work Phone:			
Household Income: <input type="checkbox"/> \$0 to \$9,999 <input type="checkbox"/> \$10,000 to 19,999 <input type="checkbox"/> 20,000 to \$29,999 <input type="checkbox"/> \$30,000 to \$39,999 <input type="checkbox"/> \$40,000 to 49,999 <input type="checkbox"/> \$50,000 to \$59,999 <input type="checkbox"/> \$60,000 to \$69,999 <input type="checkbox"/> \$70,000 or more			
Does Youth Qualify for the Free/Reduced School Lunch Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMERGENCY CONTACT

Name of person to contact in the event of an emergency and a parent/guardian cannot be reached:

Last Name:	First Name:	Middle Initial:
Relationship to Youth:		
Home Phone:	Cell Phone:	Work Phone:

OTHER PERSONS AUTHORIZED TO PICK UP CHILD

Name of person to contact in the event of an emergency and a parent/guardian cannot be reached:

Last Name:	First Name:	Middle Initial:
Relationship to Youth:		
Home Phone:	Cell Phone:	Work Phone:
Last Name:	First Name:	Middle Initial:
Relationship to Youth:		
Home Phone:	Cell Phone:	Work Phone:

YOUTH HEALTH / HEALTH INSURANCE INFORMATION

Allergies (if any):	
Medications (if any):	
Any medical conditions/special needs that would limit youth's ability to participate fully in program activities or trips? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Name of Physician:	Physician Phone:
Address:	
Preferred Hospital:	
Youth covered by family medical/hospital insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is Carrier/Plan name:	Carrier Phone:
Insured's Name:	Group #:
	Subscriber ID:

MEDICAL CONSENT

I am the parent/guardian of _____ (youth's name) and having legal custody of said child, authorize Authoring Action program leaders to consent to emergency medical treatment in the event it becomes necessary and hereby authorize the use my child's health information if or when necessary in the event of accident, injury or illness of my child.	
Parent/Guardian Signature:	Date:

CONSENT TO RELEASE ACADEMIC RECORDS

I am the parent/guardian of _____ (youth's name) and having legal custody of said child, authorize Authoring Action staff to access my child's academic records from Winston-Salem Forsyth County Schools and/or other such record holders.	
Parent/Guardian Signature:	Date:

SUBJECT AGREEMENT

I am the parent/guardian of _____ (youth's name) and having legal custody of said child, give Authoring Action permission to photograph, film and/or record my child's voice and image, (collectively, "image"), and use his/her image and/or statements for publicity, display, publication or other promotional purposes. I agree that Authoring Action shall have the unrestricted right to choose the media (print publications television. radio, Internet, or other media) for display of my child's mage. I warrant that I have not limited the use of my child's photograph, voice and/or name to use the use of any organization or person.

Parent/Guardian Signature:	Date:
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LIABILITY CONSENT

_____ (youth's name), has my permission to participate in the after school and outreach programming of the Authoring Action. Authoring Action, its staff, board of directors, mentors and volunteers members and staff leadership will not be liable for any injuries to participating youth.

Parent/Guardian Signature:	Date:
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TRANSPORTATION CONSENT & LIABILITY WAIVER

I am the parent/guardian of _____ (youth's name), give permission for my child to be transported by Authoring Action staff, collaborating partners and/or volunteers to class, engagements, workshops and other program-related activities. I herby release Authoring Action, its staff, board of directors, collaborating partners and volunteers from any and all liability arising out my child's transportation in a vehicle for any of the reasons noted above.

I understand that Authoring Action at times offers transportation service; however, utilization of this service shall in no way obligate Authoring Action to provide transportation for any reason.

I understand that it is my full responsibility as a parent/guardian to:

- Ensure my child's presence at designated drop off and pick up locations at designated times.
- Call Authoring Action staff in advance if I cannot meet my transportation obligations.
- Make other arrangements when I am unable to transport my child and alert Authoring Action of the arrangement.

Parent/Guardian Signature:	Date:
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Authoring Action STUDENT INTAKE FORM

We want to know what you hope to gain from your participation in Authoring Action. Please take a few moments to answer the following questions. The information you provide will help Authoring Action Staff make sure that your goals are being met through the programs.

Part 1: Reasons Why You Want to be an **AUTHORING ACTION** Student.

Young people join Authoring Action for different reasons. What are some of yours? Use check marks to let us know your level of agreement with each of the following:

I want to enroll in the Authoring Action Program because...	I agree a lot	I agree a little	I do NOT agree
1. I want to develop my creative writing and spoken word (public speaking) skills.			
2. My parents told me to enroll.			
3. I have heard from my friends that this is a fun program.			
4. Sessions will give me something fun to do during the summer and after school.			
5. I want to make new friends who share my interest in the arts.			
6. I want to learn new ways to express myself.			
7. I might learn new things that will help me do better in school.			
8. I have participated in arts programs in the community before and want to continue learning about various forms of artistic expression.			
9. I plan to be an artist (for example, writer, actor, painter, singer, etc), and this will help me with my career.			

Part 2: Please take a moment to respond to the following prompts.

I really like that I am...

My family...

One thing I'd like to see change in the world is...

I think adults should...

**Thank you for taking the time to tell us a little bit about yourself.
We look forward to meeting you and will be in touch to set a date/time for your interview.**