



THE OUTREACH CENTER W.O.W PROGRAM APPLICATION

Thank you for your interest in **W.O.W.**

W.O.W. provides children and youth with opportunities that will aid in their physical and emotional development.

Any mentors complete a formal training and undergo a criminal background check before they are allowed to work with children/youth.

In order for your son/daughter to be considered for this opportunity, we need you to complete the attached **Participant Application** and return to your point of contact/referral listed below. If you need further assistance please contact the office at 828-439-8300.

Thank you!

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Participant Application

******To be completed by the Parent/Guardian******

This application must be completed by the parent or guardian of the perspective youth 17 and younger. The purpose of this application is to help The Outreach Center know more about you and your interests. In turn, the information you provide will help our W.O.W. program leaders to find the best experiences for you as an individual.

Personal Information

Date: ___ / ___ / ___

Youth's Name: _____ Male () Female () Other () Date of Birth: ___ / ___ / ___

Address: _____
Street State Zip Code

Parent/Guardian Name: _____ Email: _____

Relationship to applicant: Mother () Father () Other, specify: _____

Home #: (____) _____ Work #: (____) _____ Alternate/Cell #: (____) _____

Number of Siblings: ____ (Male(s) ____ Ages _____) (Female(s) ____ Ages _____)

Ethnicity: () White () Hispanic () African American () Asian () Other _____

Name of School: _____ Grade: _____ Average GPA or Letter grade: _____

Emergency Contact Information

******In the event that a parent/guardian cannot be reached, please list person(s) to contact in case of an emergency******

_____ Name	_____ Relationship to applicant	(____) _____ Phone
_____ Name	_____ Relationship to applicant	(____) _____ Phone:
_____ Name	_____ Relationship to applicant	(____) _____ Phone

To be completed by TOC:

Agency Name: _____	Date Assigned: ___ / ___ / ___
Mentor Name: _____	Referral Source: _____



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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/ does your child want to participate in W.O.W? _____

2. Briefly describe your expectations of W.O.W. _____

3. Is your child available to meet with a mentor at least two times per month while in the program? Please explain any particular scheduling issues.

4. Describe your child's school performance, including grades, homework, attendance, behavior, etc:

5. Does your child have an IEP or Behavioral Plan at school? _____

6. Does your child have good relationships with friends? Please describe his/ her friendships. _____

7. Is your child currently having any behavioral or social problems at home or at school? If so, please provide information that may be helpful for us to know as we work with your child. _____

8. Is your child currently dealing with any traumatic events (i.e. death in the family, abuse, divorce)? If yes, please provide details.

9. Can you please provide any additional background information that may be helpful in matching your son/daughter with an appropriate mentor?

Additional comments:



Participant Application

****To be completed by the Parent/Guardian/Child****

This survey will help us know more about the child and his or her interests and help us find a good match.

What are the most convenient times for you to meet with your mentor? *Please check all that apply.*

Weekdays: ____ Lunchtime: ____ After school: ____ Evenings: ____ Weekends: ____ Other: ____

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

What are some favorite things you like to do in your free time? _____

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 circle all activities you are interest in:

- | | | | | | | | |
|-------|---------------|--------------|---------------|---------|-------------|----------|-----------|
| Art | Karate/Boxing | Science | Cooking | Library | Sewing | Hiking | Pottery |
| Dance | Music | Sports | Yoga/Exercise | Church | Biking | Swimming | Horses |
| Parks | Movies | Fishing | Animals | Reading | Board Games | Shopping | Gardening |
| 4-H | Gymnastics | Volunteering | | | | | |

List any other areas of special interest: _____



Participant Application

****To be completed by the Parent/Guardian****

Name of Primary Care Physician: _____

Phone No: (____) _____

Medical Insurance Provider: _____

Policy Number: _____

Insurance Provider's Phone No. : (____) _____

Does your son/daughter have any physical problems or limitations? ()No ()Yes

If yes, please describe them: _____

Is your son/daughter currently receiving treatment for any medical condition or other challenges? ()No ()Yes

If yes, please explain: _____

Is he/she currently on any type of medication? ()No ()Yes

If yes, please explain: _____

Does your son/daughter have any known allergies or adverse reactions to medications? ()No ()Yes

If yes, please explain: _____

Are there any other medical challenges or limitations that we need to know about? ()No ()Yes

If yes, please explain: _____

Does your son/daughter have any emotional issues or problems right now? ()No ()Yes

If yes, please explain: _____

Is your son/daughter currently seeing a counselor or therapist? ()No ()Yes

If yes, please explain: _____

Counselor/Therapist's Name: _____

Phone No: (____) _____

Parent/Guardian Signature: _____

Date: _____



Participant Application

To be completed by the Parent/Guardian

FINANCIAL INFORMATION (completed by parent/guardian)

What is your annual household income?: _____

How many are in your family?: _____

Are you currently working? () No () Yes

If yes, please state place of employment and how long you've been there: _____

If you answered no, please state how long you've been unemployed and what your future plans are for employment: _____

Please explain any unusual circumstances that would prevent you or your spouse/significant other from being employed: _____

Is your spouse/significant other currently working? () No () Yes () N/A

If yes, please state the place of employment, and how long they have been there: _____

If you answered no, please state how long they've been unemployed and what the future plans are for employment: _____



Participant Application

To be completed by the Parent/Guardian

PARENT'S/GUARDIAN'S STATEMENT (completed by parent/guardian)

One purpose of the **W.O.W program** is to give an opportunity to children who may not otherwise be able to participate in extracurricular activities due to financial barriers. Please state your reasons for registering your child for this program. List why you feel that your child would benefit from this experience. Also, explain any unusual circumstances that you feel should be known.

Please check here if your child receives SNAP benefits

I declare the information provided for this application to be true and complete.

Parent/Guardian Signature

Date



Participant Application

To be completed by the Parent/Guardian

TOC's W.O.W program appreciates you and your child's interest in his/her becoming a participant. 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 **W.O.W.** After receiving this completed application form, we will evaluate the information and send you a letter or call you letting you know if your child has been accepted into the **W.O.W.** program. Much of the information you supply in this application packet will be used to match your child with their interests and goals. Therefore, the staff may, at times need to access and share this information with our partner organizations (i.e. dance companies, farms, 4-H, gymnastics, etc).

Please initial each of the following:

- I give my informed consent and permission for my child to participate in the **Outreach Center's W.O.W program** and its related activities.
- I agree to have my child follow all **W.O.W.** project guidelines and understand that any violation on my child's part may result in suspension and/or termination from the program.
- I hereby acknowledge that my child may be transported by his/her mentor and/or The Outreach Center's **W.O.W.** staff or representatives while participating in the program, and that such transportation is voluntary and at his/her own risk.
- I release the **Outreach Center/W.O.W.** staff or its representatives of all liability of injury, death, or other damage to me, my child, family, estate, or heirs that may result from his/her participation in the project, including but not limited to transportation, and hold harmless any **W.O.W** mentor, project staff, or its representatives, both collectively and individually, of any injury, physical or emotional.
- I agree to allow the **Outreach Center** to use any photographic image or name of my child taken while participating in the **W.O.W.** project. 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**
- **Participant Interest Survey Form**

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



Participant Application

****To be completed by the Parent/Guardian****

Youth's Name: _____ Date of Birth: ___ / ___ / ___ Male () Female ()

School: _____ Grade: _____

I hereby grant permission for **The Outreach Center/W.O.W** to make contact with my child and conduct a personal interview for the purpose of applying to be a participant. **The Outreach Center/W.O.W** may also make contact with my child on school premises for the purpose of screening and interviewing, as well as ongoing support of his/her participation in the program.

I authorize **The Outreach Center/W.O.W** 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.

Furthermore, I understand that basic information about my child will be anonymously (without names) shared with The Outreach Center's staff and a prospective mentor(s) to aid in determining individuals to help the child meet their goals.

Parent/Guardian Signature

Date

Parent/Guardian Name (Please print)