

# STUDENT MEMBERSHIP APPLICATION



MAKING OPPORTUNITIES VISUALIZING EMPOWERMENT, INCORPORATED  
[WWW.MOVBOSTONINC.ORG](http://WWW.MOVBOSTONINC.ORG)



**MAKING OPPORTUNITIES VISUALIZING EMPOWERMENT, INC.**

288 Grove Street, #202

Braintree, MA 02184

Website: [www.MOVEBostoninc.org](http://www.MOVEBostoninc.org)

Email: [info@movebostoninc.org](mailto:info@movebostoninc.org)

Established 2011

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Greetings Parent/Guardian and Student,

On behalf of Making Opportunities Visualizing Empowerment, Incorporated (MOVE, Inc.) we would like to thank you for applying to be apart of this innovative and incredible opportunity. Below you will find information about the amazing organization you have decided to join.

**Overview of Organization**

MOVE, Inc. is an out of the box 501(c)(3) youth leadership development organization that caters to the needs of every youth member that is ready to be empowered, educated, and motivated through social change, technology, leadership, college preparation, and career development.

Our mission is to understand the needs of every student and help provide resources, educational development, cultural enrichment, and entrepreneurial skills, so our students can become global leaders in the 21st century. This mission will be implemented through the offering of a mentoring program, professional development workshops, networking and more.

This program is designed for young ladies in grades 5-12 and currently residing in the Greater Boston communities. Our hope is that each student who enters this program not only gain access to the resources needed to excel, but that they are able to apply these tools in the real world as productive citizens of their communities.

To ensure the success of our students graduating from MOVE, Inc., our mentoring and support continues after graduation. This is fulfilled through our sustainability program, Relay Scholars, a curriculum designed to assist high school seniors make a smooth transition into their freshman year of college; increasing the retention rate of graduates. In addition, it will help those students who are in the vocational track to get mentors in their field so they can strengthen their relationship and build their own networking group. Our hope is through this process, students will continue to build their relationships with their mentors and develop lifelong connections with their mentors, network connections and fellow peers.

Attached you will find a membership application to join the program. Thank you for your time and please let us know if you have any questions about the form.

Sincerely,

**MOVE - Making Opportunities Visualizing Empowerment, Inc.**

Patricia Timmons, M.Ed

Alisha L. Queen, J.D



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### Student Application and Mentee Form

**All information on this form is kept confidential.** The information you provide will be used solely to match you with your mentor. Please provide as much information as possible.

Student's Full Name: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Address (mailing/physical): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Student's Cell Phone #: \_\_\_\_\_ / Parent's Cell Phone #: \_\_\_\_\_

Student's E-mail: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Does the student want to be paired with a Mentor? \_\_\_\_ YES \_\_\_\_ NO

#### **Education Information:**

1. School Name: \_\_\_\_\_

2. Grade: \_\_\_\_\_

3. Most current Report Card / GPA: \_\_\_\_\_ (Please supply a copy of your last report card or a recent transcript if in high school with this application)

4. Guidance Counselor Name: \_\_\_\_\_

5. Favorite Subject: \_\_\_\_\_

6. Least Favorite Subject: \_\_\_\_\_

7. Expected Year of Graduation: \_\_\_\_\_

**College/Career Plans and Goals**

**\*Note some questions may only apply to those in High School**

Do you plan to go to college? \_\_\_\_ YES \_\_\_\_ NO

If yes, please list colleges of interest \_\_\_\_\_

\_\_\_\_\_

If you are not planning to attend college, what is your career plan? (Attach additional sheets if necessary) \_\_\_\_\_

\_\_\_\_\_

Please select from the following list any concerns that you have about academic, college, or future career.

- Applying to college
- Paying for College
- Desire to explore more career options
- Fear of a new atmosphere
- Other: \_\_\_\_\_

How did you hear about the program? (Please select as many as needed)

- Friend  Family Member  Flyer  Social Media  Word of Mouth
- Other: \_\_\_\_\_

**Extracurricular Activities/Awards/Volunteer Experience:**

Please list all school, community, social, civic, religious, athletic or other organizations in which you have participated over the last two years. Include offices held. Attach additional sheets if necessary.

Name of Organization	Duties/Offices Held	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all honors, awards, prizes and scholarships that you have received. Attach additional sheets if necessary.

<b>Name of Award</b>	<b>Awarding Organization</b>	<b>Date</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all volunteer and work experience. Attach additional sheets if necessary.

<b>Job Title</b>	<b>Employer</b>	<b>Date</b>	<b>Hours per Week</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Emergency Contact:**

Person to be notified in case of an emergency: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

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

**REFERENCES:**

Please list 3 names and phone numbers of people who know you well and can attest to your character, skill and dependability.

1. Name: \_\_\_\_\_ Phone number \_\_\_\_\_  
How do you know this person? \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone number \_\_\_\_\_  
How do you know this person? \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone number \_\_\_\_\_  
How do you know this person? \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Annual Membership Fee is \$50.00***

**Enter your Membership Fee coupon here if applicable:** \_\_\_\_\_

For questions about the application please call (617) 792-5737.

**Please return your completed form and the payment of \$50.00 Annual Membership Fee to:**

Making Opportunities Visualizing Empowerment, Inc.

288 Grove Street, #202

Braintree, MA 02184

Or via email to Alisha Queen: [AliQueen@MOVEBostonInc.org](mailto:AliQueen@MOVEBostonInc.org).

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**Office use**

Date Received: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Mentor Coordinator Notes:

\_\_\_\_\_



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### **Emergency Medical Consent Form**

**Making Opportunities Visualizing Empowerment, Incorporated (MOVE, Inc.)** has my permission to obtain emergency medical treatment for my child, \_\_\_\_\_ when I cannot be reached or if a delay in reaching me would further endanger my child.

**Mother/Guardian's Name:** \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Father/Guardian's Name:** \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**My insurance provider is** \_\_\_\_\_  
\_\_\_\_\_

**My child's medical record number is** \_\_\_\_\_

**Preferred hospital/treatment center** \_\_\_\_\_  
\_\_\_\_\_

**My child is taking the following medications** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**My child has the following allergies** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while she is in the physician's care.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



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**Permission Slip Form**

As parent/legal guardian of \_\_\_\_\_,  
(Print Student's Name)

I grant permission for her to participate in the fieldtrip described below.

I can be reached at (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ during the hours of the field trip.

\*\*\*\*\*

***\*Making Opportunities Visualizing Empowerment, Incorporated (MOVE, Inc.) completes form down to signature line\****

Destination: \_\_\_\_\_

Nature or purpose of the trip: \_\_\_\_\_

\_\_\_\_\_

Date/time leaving: \_\_\_\_\_ Date/time returning: \_\_\_\_\_

Sponsors/Chaperones: \_\_\_\_\_

\_\_\_\_\_

Cost of Trip Per Child: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date





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### **Student Media Release Form**

**Please provide all the information asked for below.**

Student's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home address: \_\_\_\_\_

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

I, Parent/Legal Guardian of \_\_\_\_\_ (child's name) hereby grant permission to **Making Opportunities Visualizing Empowerment, Incorporated (MOVE, Inc.)**, its agents and assigns, to use above named child's photo or video, and likeness for the purpose of promotion by **MOVE, Inc.** for all forms, media and manners, for the following, but not limited to, news releases, photographs, video, audio, website, marketing, advertising, trade, promotion, exhibition for an indefinite period of time.

I give unrestricted permission for images, videos, and recordings of the child to be used in print, video, digital and internet media. I agree that these images and/or voice recordings may be used for a variety of purposes and that these images may be used without further notifying me.

I further acknowledge that I will not be compensated for these uses and the **MOVE, Inc.** owns all rights to the images, videos, and recordings, and to any derivative works created from them.

I waive any right to inspect the uses of any printed or electronic copy. I hereby release **MOVE, Inc.** and its agents and assigns from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright.

This Release expresses the complete understanding of the parties.

Parent/Guardian Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Relationship to Child: \_\_\_\_\_



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### **Student & Parent Agreement**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Parent's Email(s) \_\_\_\_\_

By signing below, the parent and student acknowledge and agree as follows:

- 1) We have received, reviewed and completed the application for placement in the MOVE, Inc. program, which include the materials listed below:
  - a. Letter from MOVE, Inc. Founders
  - b. Student Application & Mentee Form
  - c. Medical Consent & Allergy Form
  - d. Permission Slip Form
  - e. Media Release Form
- 2) We understand that the student will have a mentor and will need to commit to meeting with the selected mentor as part of the MOVE, Inc. program.
- 3) The student will make a commitment to setting and achieving academic goals and is open to MOVE, Inc. staff contacting the parent/guardian on the student's behalf if there is concern that grades are not improving.

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

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