



FOCUS

Future Opportunities Created for Urban Students

LEADERSHIP GROUP

Do you have a strong desire to go to college?

Do you see yourself as a leader?

Do you want to develop your public speaking skills?

THEN YOU SHOULD JOIN FOCUS

Requirements to participate

- Actively engage in weekly ZOOM meetings and occasional community service projects
- Must currently be enrolled in a Franklin County high school
- Must be in good academic standing (2.0 or higher)
- Must complete the application process, take part in ZOOM interview with staff and receive a letter of acceptance
- Have transportation to and from community service projects

Benefits

- Receive community service hours
- Prepare for college
- Personal & professional development
- Hear prominent community and business leaders speak

FOCUS meets every Friday during the school year from 4:30 to 5:30 via ZOOM

For more information, please contact Ms. Timia or Mr. Jelani

at (614) 272-1464 or visit our website at www.cndcolumbusorg



Sponsored by: **COLUMBUS**



FOCUS APPLICATION

ID# _____

Student's Name _____
(First Name) (Middle Initial) (Last Name)

Address _____ **Apt #** _____ **Zip Code** _____

Home Telephone _____ **Cell Phone** _____

Date of Birth _____ **Age** _____ **Gender: Male** _____ **Female** _____

Race/Ethnicity: African-American Asian Bi-racial Hispanic/Latino
 Native American Somalian White Other: _____

School _____ **Grade** _____

GPA Last Quarter _____ **Overall/Cumulative GPA** _____ Please include a copy of most recent grade card

Parent/Guardian Name _____
(Please Print) (Relationship)

Allergies (please list) _____

Medications (please list) _____

Emergency contact _____
(Please Print) (Relationship)

Address _____ **Contact #** _____

*******I understand that my child's participation in FOCUS is voluntary. I also understand that CND is not responsible for any lost or stolen valuables that my child brings to any CND program. *******

Parent/Guardian _____
(Signature) (Date)

Staff _____
(Signature) (Date)

FOR OFFICE USE ONLY		
<input type="checkbox"/> East Office	<input type="checkbox"/> South Office	<input type="checkbox"/> West Office
<input type="checkbox"/> FOCUS	Date of Registration _____	Prior Involvement: <input type="checkbox"/> Yes <input type="checkbox"/> No

Interests/Honors

High School Program of Study

Please check one: College Preparatory General Educational Career Center/Vocational School

If Career Center/Vocational School, please specify field _____

1. What special qualities do you have that would make you an effective FOCUS member:

2. In your opinion, what are the most critical issues facing young people today? How should/could FOCUS address these concerns?

3. Please list any clubs, extracurricular activities, honors, awards, volunteer opportunities and/or hobbies that you have been involved in:

4. What are your career plans?

Signatures

FOCUS Eligibility Requirements

Both I, _____ and my child _____ understand that it is necessary for her/him to maintain a grade point average of at least 2.0 or higher each grading period to be eligible to be a part of the FOCUS program. We also understand that a copy of her/his report card must be given to the appropriate CND staff each quarter to verify continued eligibility.

If you agree to these terms initial here: _____

Attendance Requirements

My child and I understand that weekly attendance at FOCUS meetings is required. We also understand that excessive absences, no shows or no calls will lead to her/his dismissal from FOCUS. Part of the attendance requirement is arriving on time for weekly meetings and events. The weekly meetings are Friday from 4:30 to 6:00. Anyone arriving later than 4:45 will not be permitted to sign in. Participants are allowed to stay but will not receive a stipend for the session.

If you agree to these terms initial here: _____

Master Permission Slip

I give my child permission to attend all agency approved field trips. I understand that a flyer will be sent home at least a week prior. The flyer will state the place of the trip as well as the time of departure and the time of return.

If you agree to these terms initial here: _____

Medical Emergency Authorization

I give the staff of CND permission to seek medical attention for my child in case of an accident or medical emergency, including if deemed necessary at a licensed hospital facility. I am aware that a member of CND staff will contact me to inform me of such an emergency. The number or numbers that I can be reached in case of an emergency are:

_____ or _____

If you agree to these terms initial here: _____

Behavioral Contract

My child and I agree to the zero-tolerance policy of the FOCUS program. I understand that if my child fights, uses any illegal drugs, refuses to participate or is blatantly disrespectful with another youth or staff, he/she will be asked to leave the FOCUS program.

If you agree to these terms initial here: _____

Videotaping Authorization Waiver and Image Release

I hereby authorize and consent to the videotaping, picture taking or recording of my child's image and voice for public display and dissemination. I voluntarily make this authorization and consent fully realizing that in granting my permission I consent to the use of said film, videotape, or photograph in such a manner as CND deems reasonable and necessary.

I hereby waive any right, claim or actions that I may have to receive payment, consideration, compensation or royalties for the use of my child's image and voice in all matters videotaped by CND. I also waive any right or claim of privacy that I may have incident to or arising out of production, creation, making, recording, public display or public dissemination, of said videotape or picture.

Furthermore, I, for myself, my heirs, executors, administrators, and assigns, forever discharge and hold harmless CND, their agents, and board of directors.

If you agree to these terms initial here: _____

Parent/Guardian _____
(Signature) (Date)

Staff _____
(Signature) (Date)

Information Sheet

Applications will be notified of their acceptance within two weeks, please select your preferred method of contact

FOCUS Participant Information	
Child's Name	
Home Phone	
Cell Phone (if different from parent/guardian)	
Email Address	
Other Contact Information	
Preferred Method of Contact	

Parent/Guardian Information	
Parent/Guardian Name	
Physical Home Address	
City, State, Zip Code	
Home Phone	
Parent's Cell Phone	
Parent's Email Address	
Gender	
Ethnicity	
Other Contact Information	
Preferred Method of Contact	