

NATIONAL COALITION OF 100 BLACK WOMEN, INC.
Oakland-Bay Area Chapter



Positive Steps Program Application (Oct 2010 – Sept 2011)

You may mail, fax, or email completed application. Mail to : National Coalition of 100 Black Women,
Oakland-Bay Area Chapter
Positive Steps Program
P.O. Box 24231
Oakland, CA 94623-1231

You may email to NCBWPositiveSteps@gmail.com You may fax to 510 792-5610

Please Print Legibly: Applicants must be 12 to 17 years old ***Valid Email Addresses Required**

Date: _____ Are you a current member of Positive Steps? _____ If Yes, how long? _____

Name: _____ Date of birth: _____

Address: _____

City: _____ Zip Code: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Accept Text Messages? Yes _____ No _____

School: _____ Grade: _____ GPA: _____

Parents/Guardian: _____ Relationship: _____

Address: _____

City: _____ Zip Code: _____ Email: _____

Home Phone: _____ Parent's Cell Phone: _____ Parent's Office Phone: _____

How did you learn of the Positive Steps Program? _____

Special Interest & Hobbies: _____

Please list all other organizations in which you currently participate: _____

What are your dreams and goals after high school and college? _____

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Positive Steps Program Application (Continued)

The following information is required for NCBW funding opportunities:

Total # of Individuals in Household

1-3 _____
4-5 _____
6 or more _____

Total Household Annual Income

Under \$25,000 _____
\$25,001 - \$40,000 _____
\$40,001 - \$75,000 _____
\$75,001 and over _____

All information provided is confidential and will be used for statistical purposes only.

I, _____ hereby authorize _____ to apply to the
(Parent/Guardian) (Positive Steps Applicant)

NCBW Positive Steps Program. I understand that all meetings and programs are held for personal growth, educational and cultural enrichment, and social development. I understand that the topics will be addressed by NCBW members, financial, health, medical experts, and others knowledgeable about various subjects. The topics throughout the program year may include health and fitness, social networking, safety and etiquette, HIV/Aids education, dating safety, and other topics of relevance to teen-aged girls. I understand that the discussions may be sensitive in nature, and hereby consent to my Child's attendance at and participation in the discussion sessions.

I confirm that my child has no physical or emotional conditions or other limitations that will adversely affect her participation in the Positive Steps Program. I hereby waive any rights that I, as parent/guardian, or _____, my child, may have to any claim against NCBW, or any program organizers, presenters or facilitators, with respect to any injury sustained by my Child as a result of her participation in the Positive Steps Program. I hereby release and hold NCBW, session organizers, presenters and facilitators harmless from any liability for any injury, to the fullest extent permitted by law.

I agree that I must sign and submit this consent and release form to the appropriate member of NCBW prior to my Child's acceptance in the Positive Steps Program. I will be notified of any activities or events held at locations other than our regular meeting location and will be asked to authorize the participation of the above participant.

Parent/Guardian Signature: _____ Date: _____