



## *Boys to Men New England's 2018*

# **Adventure Weekend**

A Weekend Training for Teenage Boys and Young Men

Ages 13-25

August 16-19, 2018

Thursday 7pm – Sunday 1pm

**LOCATION: Camp Sequassen, 791 West Hill Road, New Hartford, CT 06057**

## **Staff Application Package**

***Staff must be on site by 7:00pm on Thursday.***  
*(Exceptions may be requested of the Executive Director)*

*You may arrive as early as 3pm the Thursday.*  
*The event ends by Sunday at 1pm*

### **What does Staffing mean?**

Prior to the weekend, we cover introductions, logistics, and some fundamental agreements; this lays the foundation of creating a safe and powerful weekend. On Friday of the weekend, we prepare the site for the participants' arrival and review the weekend outline in detail. This will include team meetings, role rehearsal and other preparation. The Adventure Weekend itself is an action-packed 42 hours beginning Friday at dusk and covering three days. As a member of the staff team, you will have the opportunity to participate in and/or facilitate some or several of the processes – but don't worry! Weekend roles will be assigned based on experience level and necessity. And there may be preparation calls as well as an email with an outline of the weekend and the parts that you are specifically assigned to staff. Staffing is part of creating the weekend, so please come prepared to throw yourself into creating an awesome experience for the participants!

# Application Instructions

You can send us the application in any of these ways:

- Fax it to 888-343-5434. This is a private fax and no cover page is needed.
- Email a scanned copy to [registrar@btmne.net](mailto:registrar@btmne.net)
- Mail to *Boys to Men New England, c/o Danielle Clark, 52 Austin Street, Norwood MA 02062*. Mailed applications may also contain checks.

DO NOT INCLUDE THE FIRST TWO PAGES OF THIS PACKAGE!!!!

## **Adventure Weekend Financials**

The staffing fee is requested by August 1<sup>st</sup> if possible. For regular adult staff and mentors the amount is \$175 (US Funds), and \$70 for staff between the ages of 18 and 21. The event is **free** for Journeymen staff **and for kitchen team**.

If you have missed the payment date and still wish to register, please call the Executive Director to request an exception, which is usually granted.

Tuition is payable either by:

1. Paying by check: Make check payable to "BTMNE." You may mail in your check separately or with your application to our Registrar (see above).
2. Paying through PayPal: Visit [https://boystomennewengland.nationbuilder.com/baw\\_payment](https://boystomennewengland.nationbuilder.com/baw_payment).
3. Paying through email: [finance@boystomennewengland.org](mailto:finance@boystomennewengland.org)

**You may request a custom payment schedule that fits your budget, on the last page of this application.**

## **Boys to Men New England Staff**

Executive Director: Jeremy Richman, c: 781-789-9227, email: [director@btmne.net](mailto:director@btmne.net)

Registrar: Danielle Clark, email [registrar@btmne.net](mailto:registrar@btmne.net)

## **Boys to Men New England Communications**

Once we receive your application, we will email you to let you know, and then you will receive an email once it has been processed, and then another email with the logistics: directions, a list of what to bring, what not to bring, and so forth. There will also be conference calls available to help prepare you for the event, as well as materials sent to you beforehand regarding the contents of the weekend and your part in it. Please do not hesitate to call our Executive Director with concerns or questions.

***Staff must be on site by 7:00pm on Thursday.***  
*(Exceptions may be requested of the Executive Director)*

***You may arrive as early as 3pm the Thursday.***

# STAFF APPLICATION

Application Type (check one):  Adult Staff/Mentor  NewMan(18-21)  JourneyMan  
 Production (production applies to kitchen, materials and site teams)

CARPOOLING:  I'm all set  I Want a Ride  I can drive the number indicated: \_\_\_\_\_

## Personal Information

### Applicant's Information:

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Month Day Year

Address \_\_\_\_\_  
\_\_\_\_\_

If applicant was born on or before August 16, 2000 i.e. 18 or older (otherwise leave blank):

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (if you are new to Boys to Men or just turned 18)

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

If application was after August 16, 2000, i.e. less than 18 years old (otherwise leave blank):

Parent/Guardian Name \_\_\_\_\_ Will attend as staff/mentor (Y/N)? \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Do you have any medical training or experience? (i.e.: EMT, RN, MD) Yes \_\_\_ No \_\_\_

If yes, specify: \_\_\_\_\_  
\_\_\_\_\_

Do you have any special dietary needs? (Vegetarian, Vegan, place to store your own food...?) \_\_\_\_\_  
\_\_\_\_\_



# **PARTICIPATION AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISKS**

Training Dates: August 16-19, 2018

In consideration of the services of Boys to Men New England, including all of its officers, directors, staff, leaders, co-leaders, volunteers, affiliates and all persons and entities acting for it or on its behalf (hereinafter collectively referred to as "BTMNE"), and the right to engage in this Adventure Weekend ("Training"), as a parent or guardian of a participant, I hereby freely and voluntarily agree to release, indemnify, and hold BTMNE harmless on behalf of myself, the participant, my children, my parents, my heirs, assigns, personal representatives and estate, as follows:

## **I. ACCURACY OF INFORMATION AND PERMISSION TO RELEASE**

The personal information provided is accurate, and the medical information provided is a complete and accurate statement of the physical and psychological factors that may affect the applicant's in Boys to Men programs. I realize that failure to disclose such information could result in serious harm to applicant and to staff and fellow participants.

I agree to notify BTMNE should there be any changes in applicant's health status. I authorize BTMNE to release this information to medical personnel on BTMNE staff and additional medical personnel in case of emergency. I also authorize BTMNE to contact applicant's physician or therapist to clarify any questions about applicant's physical and/or emotional status. I understand that BTMNE reserves the right to refuse participation to anyone for medical reasons.

## **II. DISCLOSURE AND ACKNOWLEDGMENT OF RISKS**

I acknowledge that BTMNE has responded to all the questions I asked about the program to my satisfaction. I understand that the Training is a personal growth and development course and involves known and unanticipated risks which could result in physical or emotional injury, paralysis, death, illness, or damage to applicant, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. These risks include, among other things:

A. The nature of the Training itself which involves:

1. Strenuous and vigorous, physical, mental, emotional, and intellectual activity such as outdoor and indoor games during day or night, role playing (e.g. enactments of past events, feelings or parts of psyche or personality) and exercises and processes which may include or result in physical, mental or emotional stress, distress and fatigue (e.g. Facing and overcoming physical, emotional or mental obstacles to the achievement of goals);

2. The potential for death; for injury to skeletal-neuro-muscular system (such as strains, fractures, ruptures, bruises, loss of limb or loss of use of limb, paraplegia and quadriplegia), to internal organs, to cardiovascular system (such as elevated blood pressure, elevated pulse, heart attack, aneurysm, hemorrhage or stroke), to eyes or ears (loss of sight or hearing), to body (such as scrapes, scratches, punctures, lacerations) and to mental health (such as depression or traumatization relating to past psychological history); and

3. The potential for change with respect to such matters as: education, career, job or business; relationships with family, friends, women, fellow youth, co-workers, and behavior in social, personal or school and business settings.

B. The acts or omissions of BTMNE who may, among other things, be ignorant of any participant's fitness or abilities; misjudge the weather, the elements, or the terrain; or give inadequate instructions, warnings or advice.

C. Latent or apparent defects or conditions in the equipment or property supplied by BTMNE or other persons or entities as well as the use or operation of such equipment.

D. Acts of other participants in this training or other persons.

### III. PARTICIPANT UNDERTAKINGS

1. I and my representatives expressly acknowledge and agree and promise to accept, all of the risks existing in this training, including those risks listed above as well as those risks not specifically listed above.
2. I and my representatives understand, acknowledge and represent that applicant's participation in this Training and in every separate part thereof is purely voluntary and applicant elects to participate in spite of and with full knowledge of all the risks. **I acknowledge my understanding that at all times applicant will be free to choose to leave the training or to not engage in any part or all of the Training.**
3. I and my representatives hereby authorize BTMNE to take any and all reasonable steps on applicant's behalf in the case of any physical or other injury, illness or condition suffered during the Training. BTMNE is hereby authorized to apply emergency first aid, engage physicians of any kind, nursing services, ambulance services, paramedic services, or any other service or personnel that in the sole discretion and judgment if BTMNE may be deemed reasonable and necessary for applicant's immediate care, health and safety.
4. I and my representatives hereby voluntarily release, forever discharge BTMNE and agree to indemnify and hold BTMNE harmless with respect to any and all liability, claims, demands, or causes of action and damages which arise out of, or are in any way connected with, applicant's participation in this Training, use of BTMNE equipment or facilities, or the provision by BTM of emergency services, including but not limited to claims alleging negligent acts or omissions or medical malpractice.
5. I agree and promise to indemnify and hold BTMNE harmless from all costs and liabilities, including but not limited to, attorney fees, incurred by BTMNE in connection with claims for personal injury or property damage to staff, other participants, volunteers, spectators or other third parties which arise out of, or are in any way connected with, applicant's participation in this Training.
6. In signing this document I fully recognize and acknowledge that if anyone (including participant) is hurt or property is damaged, lost, or destroyed, as a result of their participation in this Training, I may be found by a court of law to have given up any right I might have to make a claim or file a lawsuit against BTMNE.
7. Should BTM or anyone acting on their behalf be required to incur attorney fees and costs in connection with any effort to enforce this agreement as a result of applicant's participation in this Training, I agree and promise to indemnify and hold them harmless against all such fees and costs.
8. I certify that applicant has sufficient health, accident and liability insurance to cover costs and expenses of any injury or damage applicant may suffer or cause while participating in this Training. If applicant has no such insurance I agree to bear all the costs of any and all such expenses and liability.
9. I certify that I have completed the confidential medical questionnaire form required by BTMNE; that I have disclosed each and every physical, emotional or mental condition for which applicant has received treatment or is currently receiving treatment; that the information I have provided pertaining to applicant's physical, emotional or mental condition is complete and true; and that I have complied with the medical requirements of BTMNE. I further certify that applicant has no medical condition which could interfere with applicant's safety in the training and agree to assume and bear the costs of all risks, liability, claims, demands, or causes of action and damages which arise out of, or are in any way connected with any medical condition applicant has whether or not I have previously disclosed that condition to BTMNE.
10. I have had sufficient opportunity to read and understand this entire document. I have read and understood it. I agree to be bound by all of its terms.

### IV. BACKGROUND CHECK

In order to protect the JourneyMen who are staffing this event, we may obtain criminal history reports. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the criminal background investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act. In signing below you are giving your written permission for us to perform this criminal background check. THIS ONLY APPLIES TO APPLICANTS OVER THE AGE OF 18 as of 8/13/2018.

## V. VIDEO & PHOTOGRAPH CONSENT DISCLAIMER

1. I understand that BTMNE may photograph and videotape parts of the Training.
2. I agree and give my permission to applicant being interviewed, recorded and photographed by BTMNE or any person they mandate to that effect.
3. I agree that BTMNE may or may not use applicant's name, image and likeness in any verbal presentation, conference, interview and written publication.
4. I grant to BTMNE and recognize that BTMNE shall have the exclusive rights to the materials indicated above, including copyrights and proprietary rights, and I assign to BTMNE any and all rights in relation to the materials. I understand and agree to that BTMNE may assign or transfer, in whole or in part, these rights to any party inside the Boys to Men extended organization, but not to any party outside the extended organization.

### APPLICANT PORTION:

I have read the entire **Participation Agreement and Acknowledgement of Risks** section of this application, parts I - V, on pages 5-7, and hereby agree to each and all of its clauses. If I fax or otherwise submit this application and do not include pages 5-6, it is by intention not omission, and I acknowledge having read them.

Signature of Staff Member: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **TO BE FILLED OUT BY PARENT/GUARDIAN IF STAFF MEMBER IS UNDER 18 (otherwise leave blank):**

I have read the entire **Participation Agreement and Acknowledgement of Risks** section of this application, parts I - V, on pages 5-7, and hereby agree to each and all of its clauses. If I fax or otherwise submit this application and do not include pages 5-6, it is by intention not omission, and I acknowledge having read them.

I, as \_\_\_\_\_ Parent or \_\_\_\_\_ Guardian (check one), in signing hereby declare and affirm that I have custodial rights with regard to the applicant.

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

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

### **PAYMENT:**

Payment by:  Check # \_\_\_\_\_  PayPal  Email to [finance@boystomennewengland.org](mailto:finance@boystomennewengland.org)

I want to request a custom payment schedule, with an initial payment of \$ \_\_\_\_\_ and future payments as follows:  
**(Note: we require all payment plan checks in advance, post-dated)**

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