

NAME _____ SIGNATURE _____
 ADDRESS _____ SCHOOL _____
 _____ GRADE _____
 PHONE _____ DATE _____

REFERRED BY: _____

ENTRY APPLICATION



REALITY CHANGERS

BUILDING FIRST GENERATION COLLEGE STUDENTS

INSTRUCTIONS: Please respond to the Reality Changers Constitution and Declaration of Purpose by telling what each aspect personally means to you. Please be sure to answer all of the questions as openly and honestly as possible, and do not leave any blanks.

REALITY CHANGERS – CONSTITUTION

Article I All members must maintain a 3.0 GPA or above. All members who desire to attend the UCSD Academic Connections program to receive college credit must maintain a 3.5 GPA or above. Only the best of the best will go.

TO ME, THIS MEANS THAT _____

Article II All members must attend the weekly Reality Changers program and turn in all progress reports and final grades.

TO ME, THIS MEANS THAT _____

Article III All members must have no involvement with alcohol, drugs, gangs, or sex. These are all problems that teens bring upon themselves. Who needs more problems? We have way too many other things to be concerned about.

TO ME, THIS MEANS THAT _____

Article IV All members must pass a random alcohol and drug test given at least once every year.

TO ME, THIS MEANS THAT _____

Article V All members must show up with an open mind, work hard, and tell the truth.

TO ME, THIS MEANS THAT _____

Article VI All members must participate with active membership in at least one school activity, such as a club or a sport.

TO ME, THIS MEANS THAT _____

Article VII All members must be role models in their community for 25 hours per year. All members must contribute 25 hours of service to the Reality Changers program each year, as well.

TO ME, THIS MEANS THAT _____

REALITY CHANGERS - DECLARATION OF PURPOSE

We are the REALITY CHANGERS: Agentes de Cambio. We are agents of POSITIVE change in the world that surrounds us. We get good grades because we are going to college.

TO ME, THIS MEANS THAT _____

We are polite, courageous, and above all, honest. If we are not, please tell us so and we will correct our behavior the first time that we are told.

TO ME, THIS MEANS THAT _____

We seek to always inspire others with our words because we desire to be positive influences at all times. We do not pull people down, but instead, we lift each other up.

To me, this means that _____

We hold ourselves accountable to God, our family, our group, and ourselves. Others may choose to accept reality. God willing, we choose to transform it.

TO ME, THIS MEANS THAT _____

We show up, work hard, and tell the truth. We are the REALITY CHANGERS: Agentes de Cambio.

TO ME, THIS MEANS THAT _____



NAME _____

TODAY'S DATE _____

50 QUESTIONS

FOR

PERSONAL BACKGROUND

1. When is your birthday?

1. Month Day Year

2. Where were you born?

2. City State

Country

3. Where else have you lived?

3.

FAMILY BACKGROUND

4. What are the names of your parents?

4. Mom-

Dad-

5. What are the names and ages of your siblings?

5. Brothers:

Ages:

Sisters:

Ages:

6. Who lives with you in your home?
(indicate if you have a stepdad,
stepmom, stepbrothers, or stepsisters)7. If you are not living with one or both
of your parents, how come?

8. What kind of pets do you have?

CONTACT INFORMATION	(fill in boxes where applicable)
9. Your home address	
10. Your home phone number	
11. Your email address	
12. Your cell phone number	
13. Your dad's cell phone number	
14. Your mom's cell phone number	
GOD/CHURCH	
15. How is your relationship with God?	
16. How often have you gone to church during the past year?	
17. What is the name of the church that you attend most often?	
SCHOOL	
18. Which school are you currently attending?	
19. Which school did you previously attend before your present school?	
20. Which school are you planning to attend next year?	
21. What is your current grade level?	
22. What was your GPA on your last report card?	
23. What will your GPA be at the end of this school year?	
24. Do you have a computer at home?	
25. Do you have internet at home?	
OTHER QUESTIONS	
26. Who are your role models?	

27. What are the things that are holding you back from reaching your fullest potential?	
28. How can you overcome these things?	
29. Members of Reality Changers promise not to use alcohol or drugs. Have you used either before? <i>If yes, this answer will remain confidential.</i> If no, write "never have, never will" in box #29 to the right.	<u>Type of alcohol</u> <u>Frequency</u> <u>1st time/Last time</u> <u>Type of drug</u> <u>Frequency</u> <u>1st time/Last time</u>
30. If you could travel anywhere in the world, where would you go?	
31. Do you work? If yes, where?	
32. Which sports or instruments do you play?	
33. Which sports or instruments would you like to learn how to play?	
34. What are your unique talents?	
35. Have you won any special awards?	
36. Are you currently dating someone? If yes, for how long?	
37. Where would you like to volunteer with the Reality Changers group?	
38. Are you trained in CPR? If no, would you be interested in becoming trained in CPR?	
FAVORITES	
39. Favorite type of music?	
40. Favorite type of food/snacks?	
41. Favorite TV show?	
42. Favorite cartoon?	
43. Favorite movie?	
44. Favorite subject in school?	
45. Favorite teacher? From which school?	

WHERE DO YOU SEE YOURSELF IN FOUR YEARS....

46. ...With School?

47. ...With God?

48. ...With Your Family?

49. ...With Other Goals?

50. IS THERE ANYTHING ELSE THAT WE SHOULD KNOW ABOUT YOU?



YOUTH REGISTRATION & MEDICAL CONSENT FORM

___ Me gustaría esta información traducida
al español antes de completar la forma.

Student Name _____ Birthday ____ - ____ - ____ Sex ____ Ht. ____ Wt. ____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Cell _____ Work _____

Student Social Security # _____ - _____ - _____ Email _____

Insurance Carrier _____ Policy # _____

Name of Emergency Contact _____ Phone # _____

Are there any medical conditions or physical limitations that we should know about your child? Yes / No

If yes, please explain: _____

I understand that my child may be videotaped and/or photographed at Reality Changers and I authorize Reality Changers to post these photos on the Reality Changers website, newsletter, any other promotional material, and any other way that the organization deems fit.

I authorize the executive director of Reality Changers or appointed agents to visit my child's school site, observe classes, and obtain school grades, school transcripts, and school records.

I authorize the use of generic, over-the-counter medications as directed by the labels provided by the manufacturer for my child while attending this program and its related activities. I also authorize the executive director of Reality Changers or appointed agents to administer drug tests for my child, as mandated by the Reality Changers Constitution as a basis for program membership.

I have requested Reality Changers, Solana Beach Presbyterian Church, and its agents and officers to allow my child to participate in any and all activities, including but not limited to the transportation to and from these events. As a condition of receiving this benefit, I, the undersigned, do hereby agree to the following: I understand that my minor child's participation in these activities can expose him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I hereby release and discharge Reality Changers, Solana Beach Presbyterian Church, and its agents and officers from any and all claims or liability from personal injury or property damage that my minor child may suffer while participating in these activities; including, but not limited to, any claim arising out of any condition of the premises at which the activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I specifically agree to release and hereby hold harmless Reality Changers and the officers, agents, and employees of the program for any negligence of the program, its officers, agents, or employees.

I agree to release, hold harmless, defend, indemnify, and forever discharge Reality Changers and each and every one of its employees, officers, directors, agents, insurers, affiliates, successors in interest, attorneys, or any other person or persons associated with any or all of them or any variation in the name of any and all of them who might be liable ("the released parties") from any and all causes of actions, suits, claims, demands, or any other damages or costs associated with any past, current, or future actions taken by the released parties relative to the health, sickness, well-being, loss of services, property damage, death or injury, and treatment of my minor child. I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any past, current, or future sickness, and treatment of my minor child and the released parties. I represent and acknowledge that I have read and have understood this agreement and release and warrant that all statements made herein are true to the best of my knowledge. I have read and understood this entire form and by signing below agree to the terms herein.

If I do not agree with a particular portion of this registration and consent form, I will state so in my own writing on the back of this very form.

Student Signature _____ **Date** _____

**Signature of Parent
or Legal Guardian** _____ **Date** _____