

# St. Louis Internship Program (SLIP)

## 2022 APPLICATION

*Opening A World of Opportunity for St. Louis*



### SLIP IS HERE. . .

To **provide** inspiration, support, professional development, and training to high school students with financial needs so they can obtain valuable internships in professional settings;

To **provide** life skills for our students and alumni through year-round programming to position them for improved educational and ultimately, full-time employment opportunities; and

To **provide** our business partners with access to motivated, well-trained, talented employees, and to foster diversity within the workplace.

### SLIP CAME TO EXIST. . .

Thomas C. Hullverson founded SLIP in 1992 to help uplift and inspire youth in St. Louis. Hullverson was moved to create the organization in the aftermath of the Rodney King trial in Los Angeles, CA. The riots following the announcement of the verdicts in the case touched Hullverson and gave impetus to creating an avenue of hope and direction for youth. Since then, over 4,200 high school students have received job training and internship placement through SLIP. The Program has been very effective in training, developing, and placing St. Louis area youth in internships.

#### SLIP SERVES MOTIVATED STUDENTS

*Students must complete a number of pre-requisites before internship placement*

##### Qualifications for Program:

- Must attend a partner high school or be a BGCSTL member
- High School Sophomore or Junior
- Have a C or higher cumulative grade point average
- Have financial need as determined by eligibility for free or reduced lunch
- Have good attendance and good citizenship; and
- Be committed to participating in 2022 SLIP activities

#### SLIP STUDENTS REAP THE BENEFITS

*Students will engage in the year-round program once they complete an internship*

##### Benefits of Participation:

- Paid Work Experience
- Transferable College Credit, if available
- Employability Skills Attainment
- Professional Portfolio
- Networking with Professionals and All Levels of Management
- Credentialing Opportunities (i.e. ServSafe, CPR)
- College Access Activities (i.e. college visits, ACT prep, etc.)
- Scholarships & Scholarship Resources
- Career Development Opportunities (i.e. patient care, cybersecurity, culinary, entrepreneurship, etc.)



**ST. LOUIS INTERNSHIP PROGRAM** *a program of* **BOYS & GIRLS CLUBS OF GREATER ST. LOUIS**

**Herbert Hoover Club - 2901 North Grand Avenue - St. Louis, MO 63107**

**Teen Center of Excellence - 9200 West Florissant Avenue - St. Louis, MO 63136**

**Shanise Johnson, Director**

**Naomi Burr, Specialist**

**Praisys Isaac, Specialist**

**Phone: 314-371-7547**

**Email: [slip@bgcstl.org](mailto:slip@bgcstl.org)**

**Website: [bgcstl.org/slip](http://bgcstl.org/slip)**



## **ST. LOUIS INTERNSHIP PROGRAM (SLIP) APPLICATION INSTRUCTIONS**

Students desiring to become an intern must complete the following steps:

### **1) Submit a completed BGCSTL application with required attachments.**

- You may access the digital BGCSTL application by visiting <https://www.bgcstl.org/join-the-club/>
- Under the section titled “site”, check St. Louis Internship Program (SLIP) as the location.
- You are not required to submit your proof of income or vaccination records.
- If you are a current BGCSTL member, skip to Step #2.
- If you would like to access the Parent/Member Handbook, you may access it at <https://bit.ly/ParentMemberHandbook>

### **2) Submit the required attachments.**

- Two (2) Letters of Recommendation - Your principal, counselor, teacher, or community volunteer who is familiar with your work should complete a letter of recommendation. *We will not accept recommendations from friends or family members.*
- Most Current Transcript - Your high school transcript, not a report card, must be included with this application.
- Typewritten Personal Statement - Your personal statement should be typewritten and at least 300 words. *Please answer one of the following questions:*
  - Why should SLIP select you for an internship? 2) How will your participation with SLIP benefit you?
- Acknowledgment Form
- Copy of Birth Certificate – We request this to ensure you have the appropriate work documents.
- Copy of Social Security Card – We request this to ensure you have the appropriate work documents.
  - If you complete the application online, the attachments will need to be submitted by email to [slip@bgcstl.org](mailto:slip@bgcstl.org) by December 1, 2021.
  - For those submitting a paper application, submit the required attachments with your written application by mail or in person to one of the following locations:
    - Teen Center of Excellence – Attn: SLIP - 9200 W Florissant Avenue - St. Louis, MO 63136
    - Herbert Hoover Club - Attn: SLIP - 2901 S Grand Boulevard - St. Louis, MO 63110

### **3) Submission Confirmation**

You will receive confirmation of application submission via email by December 17, 2021. **Please check your email as you will receive status updates frequently.** Emails will be sent to the email address you used on your application.

## **POST-APPLICATION SUBMISSION PROCESSES**

- Oral Interview** - Students must complete an oral interview with SLIP staff in January. The oral interviews will be coordinated with the students directly. All interviews will be virtual and take place via Zoom.
- SLIP Saturday Training & Development Component** – Students who have met the qualifications, submitted a completed application, and completed their oral interview will be invited to the Saturday Training & Development Component. Sessions will be scheduled on select Saturdays from February through May 2022.

Topics will include Dress for Success, Resume Writing, Interviewing Skills, Effective Communications, Computer Literacy, Financial Literacy, Professional Etiquette, etc. All SLIP participants are required to complete the Saturday Training & Development Component. Students who compete for an internship position are expected to attend **all** assigned training sessions and to complete each session with a satisfactory performance rating. The Saturday Training & Development Component is not paid.

## **SLIP PAID INTERNSHIP PLACEMENT**

SLIP is very competitive!! Completion of the Saturday Training & Development Component **does not** guarantee internship placement. However, a satisfactory evaluation is required to receive a job placement. Students will be notified about their placement status after the completion of training. SLIP internships are real world experiences; therefore, internship sites may not be located close to intern’s homes and remote work may not be an option.

Dates of Summer Internships: June 13, 2022 - August 5, 2022

Rate of Pay: Interns are paid \$12.00 per hour during their summer internships.

Work Hours: Most positions are from 8:00 a.m. – 5:00 p.m. (Monday - Friday) for the summer internships. However, there are some positions that are on Saturday and/or Sunday and have varied hours. Interns will be given this information once they receive their job placement.

Types of Intern Work Responsibilities: Varied Work Experiences – *the following are examples* – **a.)** Working in an office making spreadsheets, data processing, processing mail, filing and answering phones; **b.)** Researching business information and creating reports with the information gathered; and **c.)** Working in various areas of a hospital such as human resources, medical records or the emergency room providing support to the medical staff.

Expectations for Completion of Summer Internship: Interns are expected to receive satisfactory ratings on their weekly performance evaluations from supervisors. Failure to receive satisfactory performance ratings can result in dismissal from the Program. Students are also expected to perform in a professional manner during their summer internship experience and attend periodic scheduled sessions. Employers are expecting interns who are hired for the summer internships to complete the entire summer internships with no interruptions.

---

## APPLICATION DEADLINE

**December 1, 2021**

Incomplete applications will not be accepted.

You must complete all required processes before acceptance is confirmed.

### **Application Check List**

- ☐ Completed BGCSTL Application  
(attached or accessed at <https://www.bgcstl.org/join-the-club/>)
- ☐ Two (2) Letters of Recommendation
- ☐ Most Current Transcript
- ☐ Typewritten Personal Statement
- ☐ Acknowledgment Form
- ☐ Copy of Birth Certificate
- ☐ Copy of Social Security Card

If you have any questions, please do not hesitate to contact the SLIP Team at [slip@bgcstl.org](mailto:slip@bgcstl.org) or 314.371.7547.



Teen Center of Excellence  
9200 West Florissant Avenue  
St. Louis, MO 63136  
[bgcstl.org/slip](http://bgcstl.org/slip)  
[slip@bgcstl.org](mailto:slip@bgcstl.org)  
314.371.7547



**APPLICATION INSTRUCTIONS:** You MUST provide ALL contact information for any person or employer you list, including the address. **Partial information is NOT acceptable.** Please complete all other fields. Write "N/A" or "None" if it does not apply. Submit with a copy of your child's **SHOT**

<b>MEMBERSHIP APPLICATION</b> <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Information Update	<b>Office Use Only:</b> Admission/Start Date: ____/____/____   Discharge Date: ____/____/____ SITE: <input type="checkbox"/> ADAMS PARK CLUB <input type="checkbox"/> BE GREAT: GRADUATE - NORMANDY <input type="checkbox"/> BE GREAT: GRADUATE - ROOSEVELT <input type="checkbox"/> BETHALTO CLUB <input type="checkbox"/> HAZELWOOD ELEMENTARY SCHOOL CLUB <input type="checkbox"/> HERBERT HOOVER CLUB <input type="checkbox"/> LOVEJOY CLUB <input type="checkbox"/> MATHEWS-DICKEY CLUB <input type="checkbox"/> MSL <input type="checkbox"/> O'FALLON PARK CLUB <input type="checkbox"/> RIVERVIEW GARDENS CLUB <input type="checkbox"/> SOUTHEAST MIDDLE SCHOOL CLUB <input type="checkbox"/> TEEN CENTER OF EXCELLENCE ***WORKFORCE & CAREER PROGRAM: <input type="checkbox"/> ST. LOUIS INTERNSHIP PROGRAM (SLIP)
---	--

MEMBER INFORMATION			
Child's First Name:		Child's Middle Name:	Child's Last Name:
Birth Date: (MM/DD/YYYY) ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	HOME Street Address:	City, State, Zip:
School:	Grade Level: (if summer, for next school year)	School District:	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> American Indian or Alaska Native and White <input type="checkbox"/> American Indian or Alaska Native and Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Bi/Multi-Racial <input type="checkbox"/> Black/African American <input type="checkbox"/> Black or African American and White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other		

MEMBER FAMILY INFORMATION	
BGCSTL receives public funding and is often required to provide basic information about the families we serve. Please help us to continue receiving these funds by providing information about your family.	
Family Setting: Does the member live in a single parent family? <input type="checkbox"/> Yes <input type="checkbox"/> No	Living Arrangements: Member lives with (check all that apply)... <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian <input type="checkbox"/> Both Grandparents <input type="checkbox"/> One Grandparent <input type="checkbox"/> Foster Care <input type="checkbox"/> Other
Please check all Assistance Programs that apply: <input type="checkbox"/> SSDI <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> SSI <input type="checkbox"/> Food Stamps <input type="checkbox"/> Veterans Compensation <input type="checkbox"/> TANF <input type="checkbox"/> General Assistance <input type="checkbox"/> Medicaid	
Does your child receive Free or Reduced Lunch at school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Annual Family Income (Actual Amount): \$	Select the income range that best matches the specific Annual Family Income Amount you provided: <input type="checkbox"/> 0 - 10,000 <input type="checkbox"/> 10,001 - 15,000 <input type="checkbox"/> 15,001 - 20,000 <input type="checkbox"/> 20,001 - 25,000 <input type="checkbox"/> 25,001 - 30,000 <input type="checkbox"/> 30,001 - 40,000 <input type="checkbox"/> 40,001 - 50,000 <input type="checkbox"/> 50,001 - 75,000 <input type="checkbox"/> 75,001 - 100,000 <input type="checkbox"/> 100,001 and Greater

MEMBER PARENT(S)/GUARDIAN(S) INFORMATION
(PLEASE DO NOT LEAVE AN ITEM BLANK... PLACE "N/A" IN THE BOX. IF NO EMPLOYER OR PARENT 2 INFORMATION- PLACE "N/A" OR LINE THROUGH ENTIRE SECTION)

Parent 1: General	① First Name:	Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Member:
	HOME Address (Street, City, State, Zip) OR Check if same as member address above <input type="checkbox"/>			
	HOME Phone#	CELL Phone#	Email address: <input type="checkbox"/> Home <input type="checkbox"/> Work	
	Employer NAME:			
Parent 1: Employer	Employer ADDRESS (Street, City, State, Zip):			
	WORK Phone# (ext., dept., or special instructions)	Job Title/Occupation:	Work Schedule/Time:	
	Is this parent/guardian a Member of the Military? <input type="checkbox"/> Yes, Active Military <input type="checkbox"/> Yes, Reserve Military <input type="checkbox"/> No, None			
	Start Date: ____/____/____ End Date: ____/____/____			
Parent 2: General	② First Name:	Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Member:
	HOME Address (Street, City, State, Zip) OR Check if same as member address above <input type="checkbox"/>			
	HOME Phone#	CELL Phone#	Email address: <input type="checkbox"/> Home <input type="checkbox"/> Work	
	Employer NAME:			
Parent 2: Employer	Employer ADDRESS (Street, City, State, Zip):			
	WORK Phone# (ext., dept., or special instructions)	Job Title/Occupation:	Work Schedule/Time:	
	Is this parent/guardian a Member of the Military? <input type="checkbox"/> Yes, Active Military <input type="checkbox"/> Yes, Reserve Military <input type="checkbox"/> No, None			
	Start Date: ____/____/____ End Date: ____/____/____			

Child's First Name:	Child's Middle Name:	Child's Last Name:	
<b>MEMBER MEDICAL INFORMATION</b>			
Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Insurance:		Insurance Policy Number:	
Preferred Hospital:		Hospital Phone Number:	
<b>MEMBER HEALTH REPORT</b>			
<b>PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD... (✓ YOU MAY ONLY CHECK ONE STATEMENT)</b>			
<input type="checkbox"/> My child is in good health, is able to participate in group care, and <b>has no</b> special health or medical requirements. <input type="checkbox"/> My child is able to participate in group care but <b>has</b> special health or medical requirements as listed below.			
Please provide information regarding your child's health history and any current health problems. Please list any allergies and special medical conditions, including chronic health problems and disabilities (such as asthma or seizures) behavior disorders, special needs, etc. <b>If your child has asthma, you must submit a copy of his/her ASTHMA ACTION PLAN from a certified medical professional.</b> <b>If your child has a severe allergy, you must submit a copy of his/her ALLERGY ACTION PLAN from a certified medical professional.</b> <b>If your child has an Individual Education Plan (IEP) or Behavioral Intervention Plan (BIP) you must submit a copy.</b> (If you selected that your child has no special health or medical requirements, place "N/A" or line through section)			
Does your child take any medications? <input type="checkbox"/> Yes (If yes, list any current medication your child is taking below) <input type="checkbox"/> No (If no, place "N/A" or line through section)			
Can your child swim? <input type="checkbox"/> Yes, my child swims well <input type="checkbox"/> Yes, but my child only knows basic swimming <input type="checkbox"/> No			
<b>AUTHORIZATION FOR MEDICAL CARE – SIGNATURE MANDATORY</b>			
I do hereby authorize Boys & Girls Clubs of Greater St. Louis (BGCSTL) to secure and authorize emergency medical treatment as child listed on the application might require while under the supervision of said provider. I also agree to pay all the costs and fees contingent on emergency medical care or treatment for this person as secured or authorized under this consent. I authorize my child to be taken to the nearest medical facilities for care, although my preferred providers are listed above. I do hereby indemnify and hold harmless the physician, hospital, and other persons who act in reliance upon this authorization. Further, my signature verifies that all Medical Information and Health Report Statements listed above are accurate and complete.			
Note: Every effort will be made to notify the parents/guardians in case of an emergency. In the event of an emergency, it will be necessary to have the following signature on file:			
<b>Signature of Parent(s) or Legal Guardian(s):</b>		<b>Date:</b>	
<b>EMERGENCY CONTACT(S) AND AUTHORIZED TO PICK UP</b> (MUST PROVIDE COMPLETE INFORMATION FOR AT LEAST ONE CONTACT OTHER THAN PARENTS/GUARDIANS LISTED ON PG. 1)			
① First Name:	Last Name:	Relationship to Member: <input type="checkbox"/> Lives With Member	
HOME Address(Street, City, State, Zip):		Phone# <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work      Phone# <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
② First Name:	Last Name:	Relationship to Member: <input type="checkbox"/> Lives With Member	
HOME Address(Street, City, State, Zip):		Phone# <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work      Phone# <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
<b>PERMISSION TO WALK</b>			
My child has permission to walk home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>ADDITIONAL PERSONS AUTHORIZED TO PICK UP ONLY</b> (LIST PERSONS OTHER THAN PARENTS/GUARDIANS ON PG. 1 AND EMERGENCY CONTACTS LISTED ABOVE)			
First & Last Name:	Primary Phone #	Alternate Phone #	Relationship to Member:
① <input type="checkbox"/> Lives With Member	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	Relationship to Member:
② <input type="checkbox"/> Lives With Member	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	Relationship to Member:
③ <input type="checkbox"/> Lives With Member	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	Relationship to Member:

Child's First Name:		Child's Middle Name:	Child's Last Name:
<b>PARENT/GUARDIAN ACKNOWLEDGEMENTS - LINES F &amp; G SELECTION REQUIRED - SIGNATURE MANDATORY</b>			
A.	I have received a copy of BGCSTL Parent/Member Handbook containing policies pertaining to the admission, care and discharge of children. I have been afforded the opportunity to ask questions regarding its content.		
B.	I have been informed that a copy of the licensing rules for child care homes or the licensing rules for group child care homes and centers is available at this facility for review.		
C.	The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs.		
D.	When my child is ill, I understand and agree that she/he may not be accepted for care or remain in care.		
E.	I understand that, before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemption from immunizations.		
F.	<input type="checkbox"/> I DO or <input type="checkbox"/> I DO <b>NOT</b> give permission for field trips/excursions. I understand I will be notified in advance when they are planned.		
G.	<input type="checkbox"/> I DO or <input type="checkbox"/> I DO <b>NOT</b> give permission for BGCSTL to transport my child.		
H.	I have been notified that I may request notice at initial enrollment or any time there after whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.		
Signature of Parent(s)/Legal Guardian(s):			Date:
<b>ASSUMPTION of the RISK/LIABILITY WAIVER RELATED to COVID-19 and ALL CLUB PROGRAMMING</b>			
<p>The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. <b>COVID-19 is extremely contagious</b> and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Boys &amp; Girls Clubs of Greater St. Louis ("Club") has put in place preventative measures to reduce the spread of COVID-19; however, the Club <b>cannot guarantee</b> that you or your child(ren) will not become infected with COVID-19. Further, <b>attending the Club could increase</b> your risk and your child(ren)'s risk of contracting COVID-19.</p> <p>By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families.</p> <p>I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Club or participation in Club programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.</p>			
Signature of Parent(s)/Legal Guardian(s):			Date:
<b>VIRTUAL &amp; DISTANCE-BASED CLUB EXPERIENCES</b>			
<p>Boys &amp; Girls Clubs of Greater St. Louis provides distance-based Club experiences through which Club staff will facilitate program activities through an online platform. BGCSTL will use software, tools and applications provided by third parties that members, parents/guardians and/or staff will access via the Internet and use for purposes of communication and programming. This will include using a platform called Zoom. Zoom provides an opportunity to deliver video and chat-based educational experiences to members via any device. Please be aware that Zoom collects information about its users and has its own privacy terms and conditions to which members must adhere. Please review Zoom's privacy terms and conditions carefully before registering your child(ren): <a href="http://zoom.us/terms">http://zoom.us/terms</a> and <a href="http://zoom.us/privacy">http://zoom.us/privacy</a>.</p> <p>In order to participate in distance-based Club experiences, you will need to provide the following: A computer, mobile, or tablet device with access to the Internet   A quiet space at home in which members can participate in distance-based experiences under the supervision of an adult   To register for Zoom, you will need to provide some customer data, including but not limited to: your email address and first and last name (for more information, see <a href="https://zoom.us/privacy">https://zoom.us/privacy</a>)</p> <p>Anticipated ZOOM program activities include: Group chats   Video conferencing   Media sharing (for example, uploading images of artwork or other projects)   Activities facilitated by Club staff via private links for Pre-Registration Club Programs and open links for Drop-in Club Programs</p> <p>Our commitment to keeping the young people we serve safe is always our number one priority. Boys &amp; Girls Clubs of Greater St. Louis will actively monitor member activity on Zoom and will make every effort to protect member information by, among other things, maintaining control of, and access to, the data collected; prohibiting re-disclosure of member information; limiting the purposes for which the online platforms may use member information; ensuring there is no advertising and that no member information is collected for commercial purposes. Further, all activities online must comply with Boys &amp; Girls Clubs of Greater St. Louis' safety policies, which are available in our Parent/Member Handbook, available on our website: <a href="http://www.bgcstl.org">www.bgcstl.org</a>. Please provide your signature to record your consent for your child's use of Zoom.</p>			
Signature of Parent(s) or Legal Guardian(s):			Date:
<b>MEMBER SUPPORT SERVICES</b>			
<p>BGCSTL's Member Support Services (MSS) program offers individual and group support sessions with Club Masters level Social Workers to members at no cost. Support plans are developed to address individual needs related to attitude, behavior, self-esteem, coping skills, stress management, peer relationship, anger management, separation/loss, and social-emotional issues. When possible, content within sessions is kept <b>confidential</b> with the <b>exception of threats to harm his/her self, threats to harm someone else, or if the member reports/there is reason to suspect any form of abuse</b>. When it is in the best interest of the child and/or necessary for support methods to be effective; we work collaboratively with teachers, school staff, third party individuals who have existing professional relationships with your child or those who we refer as service providers. MSS is not a substitute for psychological counseling, diagnosis, or medication. It is the responsibility of parent(s)/guardian(s) to determine whether additional or different services are necessary and whether to seek them for my child. My consent is good for the duration of the requested services, however, I may end my child's participation at any time and for any reason.</p>			
Signature of Parent(s) or Legal Guardian(s):			Date:



Child's First Name:	Child's Middle Name:	Child's Last Name:
<b>MEMBERSHIP CONSENT AND REQUIRED RELEASE INFORMATION – SIGNATURE MANDATORY</b>		
<p>I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge Boys &amp; Girls Clubs of Greater St. Louis (BGCSTL) and Boys &amp; Girls Clubs of America (BGCA), their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.</p> <p><b><u>Mentoring Programs</u></b>  I, the parent/guardian of the minor child listed on this application, give permission for my child to participate in the Mentoring Program at BGCSTL. I fully understand that the program involves my child spending a minimum of one hour per week on-site at the Club with mentors, either staff or volunteers selected from the community who will be screened (including a criminal background check) and trained before beginning in the program.</p> <p><b><u>Surveys and Questionnaires</u></b>  I, the parent/guardian of the minor child listed on this application, give permission for Boys &amp; Girls Clubs of Greater St. Louis (BGCSTL) to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys &amp; Girls Clubs of America's (BGCA's) National Youth Outcomes Survey or other survey instruments. A full explanation of the National Youth Outcomes Survey can be found in the Parent/Member Handbook. Other survey information and samples available upon request.</p> <p><b><u>School Information and Educational Records</u></b>  I understand that the <i>Federal Educational Rights and Privacy Act of 1974 (FERPA)</i>, prohibits a student's educational records from being released to a third party without the written consent of the student's parent or legal guardian; or without the written consent of the student if he/she has reached the age of 18 years old. A third party is described as any person, organization or business outside of the educational setting, according to law.  I, the parent/guardian of the minor child listed on this application, give permission for Boys &amp; Girls Clubs of Greater St. Louis (BGCSTL), as the third party, to access and/or receive information from my child's school district regarding his/her educational records. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in BGCSTL, and in life. The consent will remain in effect until such time that the parent/guardian or student (if age 18 &amp; above) withdraws consent in writing.</p> <p><b><u>Sports, Fitness, Wall Climbing, Swimming, and Recreation</u></b>  I understand and acknowledge that my child participates at his/her own risk and I hereby waive for myself, my spouse and any legal guardian of my son/daughter liability of any kind or nature whatsoever and all claims against BGCSTL, directors, officers, employees, coaches, volunteers, sponsors, partners, affiliates and their respective heirs, successors and assigns (collectively, "the Releasees") for personal injury, death or property damage resulting from my child's participation in any athletic, sports, fitness or recreation programs, related events, field trips and other activities. I understand the risk of injury from the activities involved in this program may be significant and I knowingly and freely assume all such risks on behalf of my child, both known and unknown, even if arising from the negligence of the Releasees or others, and assume full responsibility for my child's participation without recourse against the Releasees.</p> <p><b><u>Technology</u></b>  As a member of Boys &amp; Girls Clubs of Greater St. Louis (BGCSTL), your child will have access to the Internet. While precautions are taken, it is possible that she/he may access inappropriate sites. BGCSTL will have rules and consequences at the Club for such behavior; however, we will not be responsible for the consequences of such access.</p> <p><b><u>Photos/Media/Intellectual Property</u></b>  I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by Boys &amp; Girls Clubs of Greater St. Louis (BGCSTL), Boys &amp; Girls Clubs of America (BGCA), its programs, and its activities. All originally created material, unless otherwise noted, is the intellectual property of the Boys &amp; Girls Club of Greater St. Louis. No material may be copied or used without the express written permission of the Boys &amp; Girls Club of Greater St. Louis.</p> <p><b><u>Miscellaneous</u></b>  I understand that Boys &amp; Girls Clubs of Greater St. Louis (BGCSTL) is not responsible for lost or stolen items.   I give my permission to Boys &amp; Girls Clubs of Greater St. Louis (BGCSTL) to share information about the minor child listed on this application with Boys &amp; Girls Clubs of America (BGCA) and BGCSTL partners for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by BGCSTL including data collected via surveys or questionnaires. All information provided to BGCA and BGCSTL partners will be kept confidential.</p> <p><b><u>MEMBERSHIP CONSENT</u></b> I have read the completed application and this form, agree that membership is governed by the rules of Boys &amp; Girls Clubs of Greater St. Louis (BGCSTL), and request that my child be admitted into membership.</p> <p style="text-align: center;"><b><i>All membership fees are non-refundable!</i></b></p> <p>This organization is supported with Federal funding. According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. By signing this document, I certify under penalty of perjury, that all the information on this application is correct to the best of my knowledge and belief, and I acknowledge that such information is subject to verification by CDA, CDBG, HUD or their representatives.</p>		
<b><u>Signature of Parent(s)/Legal Guardian(s):</u></b>		<b><u>Date:</u></b>

**GREAT FUTURES START HERE.**



**BOYS & GIRLS CLUBS  
OF GREATER ST. LOUIS**



**2022**



a program of



HERBERT HOOVER CLUB - 2901 NORTH GRAND AVENUE - ST. LOUIS, MO 63107  
TEEN CENTER OF EXCELLENCE - 9200 WEST FLORISSANT AVENUE - ST. LOUIS, MO 63136  
(314) 371-7547 • BGCSTL.ORG/SLIP • SLIP@BGCSTL.ORG

### **Acknowledgement Form**

Student Name (please print) \_\_\_\_\_

#### **NO GUARANTEED PLACEMENT STATEMENT**

I hereby understand that my participation in the St. Louis Internship Program (SLIP) is voluntary and I am not obligated by this statement to remain in the Program for a specified period of time. I, furthermore, understand that I am not guaranteed an internship placement. By signing this statement, I acknowledge that I am participating in the Program with full knowledge that there are only a limited number of internships available – the number of students seeking internships may limit a student's placement potential.

#### **COLLEGE CREDIT – DUAL ENROLLMENT**

As part of SLIP's employability training, the student will have the option of becoming a dually enrolled college student at a St. Louis Community College (upon availability). The student is not registered in a college class until all the necessary processes with SLIP and STLCC are completed. Upon acceptance into SLIP and after completion of the entire class, the student will earn transferable college credit. The student's performance in the college class directly impacts their final evaluation for SLIP's training. The final grade in the class will be a part of the student's permanent college academic record. After registration, if a student does not complete the class or fail to withdraw, the grade earned will remain on their permanent collegiate record. SLIP will pay all fees associated with this class and will provide more detailed information during our orientation.

*I hereby acknowledge that I have read and understand the terms of this release and acknowledgement statements for the above-named minor. By signing this form, you agree to the terms that are outlined above.*

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

Parent/Guardian Name (please print): \_\_\_\_\_

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