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The Power of a Conversation Can Change Your Life ~ Arleana Waller

START THE CONVERSATION: The Power Talk Initiative Application

Power Conversations between Youth & Cops

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Date of Birth: _____ Age: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Ethnicity: Black Hispanic Asian/Pacific Islander Caucasian Filipino American Indian Other _____

School: _____ Grade: _____

Social Networking Sites

Facebook _____ YES NO Snapchat _____ YES NO

Instagram _____ YES NO Other _____

Twitter _____ YES NO

Parent Information

Name of Parent/Guardian _____ Phone: _____

Address: _____

Email: _____ High School Graduate YES NO College Graduate YES NO

Driver's License Number: _____ State: _____

Emergency Contact Name _____ Phone: _____

How did you hear about us? Television/ Radio Internet Police Officer ShePower School Friend Other _____

Medical Information

ADA accommodations needed: YES NO

Does your child take any medications daily? YES NO

Does your child have any allergies? YES NO

Does your child have any special dietary needs? YES NO *If yes, please explain:*

Health Insurance Provider: _____ Policy Number: _____

Policy Holder Name: _____ Phone: _____

Preliminary Questionnaire

1. Has the applicant ever been arrested or convicted of a misdemeanor offense? Yes No
 2. Has the parent/guardian ever been arrested or convicted of a misdemeanor/felony offense? Yes No
 3. Has the applicant ever been detained by a law enforcement officer for any reason? Yes No
 4. Has the parent/guardian ever been detained by a law enforcement officer for any reason? Yes No
- If yes to 1-4, please explain:*

5. Why do you want to participate in The Power Talk Initiative?

6. What do you think of individuals that are involved with street gangs?

7. How do you feel about law enforcement (police, sheriff, highway patrol, courts, corrections, etc.)?

8. Who is your role model, and why?

9. What do you hope to accomplish by participating in The Power Talk Initiative?

10. What are 3 questions you hope to ask?

Approvals and Agreements

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS

In consideration of ShePower and HePower Leadership Academy and the City of Bakersfield ("City") acting through its Police Department granting my minor child permission to participate in the Power Talk Initiative (hereinafter "Program"). I, as the parent or legal guardian of the applicant, a minor (the "Minor"), hereby expressly give my consent for such participation. On behalf of myself and Minor, I hereby release, acquit and forever discharge the City and its officers, agencies, and collaborating partners of and from any and all rights, claims, demands, actions, causes of action, damages, costs, losses of services, compensation, and debts, including attorney's fees (collectively "claims") which the undersigned and Minor may have against the City, whether known or unknown, which result from, arise from, or are related in any way to Minor's participation in the Program or any activities or events related thereto; or I, 18 years of age and older, the undersigned also hereby release the same. I hereby agree to indemnify and hold harmless the City from and against any and all claims which result from, arise from, or are related in any way to Minor's participation in the Program excluding only claims that are attributable to the gross negligence or willful misconduct of the City.

Should it be necessary for my minor child to have emergency medical care while participating in the Program, I hereby give City personnel and collaborating partners my permission to use their judgment in obtaining care for my minor child and I give permission to the medical care provider selected by the City personnel and/or collaborating partners to render medical care deemed necessary and appropriate. Such consent includes any x-ray examination, anesthetic, medical or surgical diagnostic or treatment and/or hospital service that may be rendered to said minor or adult. I understand that the City and its collaborating partners are not obligated to provide medical treatment and that any cost incurred for treatment provided which is not covered by my insurance shall be my sole responsibility. On behalf of myself and of Minor, I expressly waive the rights given by Section 1542 of the Civil Code of California which states: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor." I warrant that I understand the content of the foregoing authorization, release, and indemnity. My signature, hereon, is my own free act and it is my intention to be legally bound hereby.

For those 18 years of age and older, I represent that I am at least 18 years of age and that I have carefully read this document. I warrant that I understand the content of the foregoing authorization, release and indemnity. My signature, hereon, is my own free act and it is my intention to be legally bound hereby.

PARENTAL WAIVER FOR CONSENT FOR PHOTOGRAPHS

I, the undersigned parent or legal guardian of the applicant, a minor child assigned to the Program, do hereby consent to my child being photographed, by professional and/or amateur photographers, while participating in any detail, event, function, or activity related to the Power Talk Initiative; or, I, a participant 18 years of age and older, do hereby consent to being photographed, by professional and/or amateur photographers, while participating in any detail, event, function, or activity related to the Power Talk Initiative. I also give my consent for ShePower and the Bakersfield Police Department, including any Division or unit therein to use the photographs taken of my child to develop brochures, posters, displays, or other items for future advertisement or promotional purposes. I further authorize the use and display of the photographs during other sponsored promotional activities. I hereby expressly waive all claims for compensation and release ShePower and the Bakersfield Police Department and the City of Bakersfield from any and all liability which may arise as a result of my child being photographed while participating in the Program, and for the subsequent use and display of the photographs. I understand that this consent/waiver and release will remain in effect until such time that it is revoked, in writing, by me. ShePower and the Bakersfield Police Department retains the right to use the aforementioned photographs for the purposes stated herein, whether or not the minor continues to be involved in the Power Talk Initiative, absent written revocation of consent by the parent/guardian.

PRELIMINARY BACKGROUND ASSESSMENT

If the Parent/Guardian and Applicant certify that the answers they have given on the above questionnaire are true, complete and correct to the best of their knowledge and that they have not evaded or omitted any part thereof to reflect an untruth listed herein, then they understand that falsification constitutes ground for termination from participation.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to participation, I understand that false or misleading information in my application or interview may result in my release.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____