



SAN JOAQUIN COUNTY YOUTH

My Brothers Keeper Application

Mary Magdalene Community Services *"Helping others by starting where they are"*
1149 N. Eldorado St., Stockton, Ca & 602 N. Aurora St., Stockton, Ca, (209) 888-4519
Executive Director: Geneva Haynes, MSW
Program Lead: Rashard Stallworth, (209) 405-8080, rashard@marymagdalenecs.com
Case Manager: Marcel Padiila, (209) 430-0888, marcel@marymagdalenecs.com



Student Application Form

First Name:	
Last Name:	
Student Date of Birth:	
Age and Grade Level:	
Gender:	
Parent/Guardian 1	
Parent/Guardian 2	
Parent/Guardian Email/s:	
Parent/Guardian Home Phone/s:	
Parent/Guardian Cell Phone/s:	
Street Address:	

School Site/Educational Information/Student Interest

School District:	
School Name:	
GPA:	
School Sports Interest?	
School Clubs Interest?	
Community service work?	
Food or drinks you like?	



Parent/Caretaker Information

How many parents or guardians does the student live with (Please check one)?

Both One Shared Custody Other

Name (First, last)	Cell Phone	Work Number	Relationship	Email Address

Authorization To Reproduce Physical Likeness and Voice

"I hereby authorize the Mary Magdalene Community Services My Brothers Keeper to use, reuse, and grant others the right to use and reuse my name, photograph, likeness (including caricature), voice, and biographical information."

Parent 1/Guardian Name	Signature	Date
Parent 2/Guardian Name	Signature	Date

Your signature below gives permission for Mary Magdalene Staff to transport your child to activities, community service events, groups, field trips, and workshops.

Parent 1/Guardian Name	Signature	Date
Parent 2/Guardian Name	Signature	Date



Parent Consent In the Event of a Emergency

I agree not to hold Mary Magdalene Community Services My Brothers Keeper program nor its representatives responsible for accidents and injuries in connection with My Brothers Keeper program activities and permit MMCS and MBK to give my child a health examination and first aid (if necessary). In the event of injury that requires hospitalization, the parent/s and guardians will cover all related expenses.

Parent 1/Guardian Name	Signature	Date
Parent 2/Guardian Name	Signature	Date

In Case of an Emergency Contact

Name	Relationship	Telephone
Name	Telephone	Date

Consent for Emergency Medical Treatment

As the parent or authorized represented, I hereby give consent for Mary Magdalene Community Services My Brothers Keeper program for my child _____ to obtain Emergency First Aid, Medical, and/or Dental Care to preserve the life, limb, and/or well-being of the minor.

The child has the following medication allergies:

Parent Survey/Student Evaluation

Student Name: _____

On a scale of 1 through 10, with 1 being your lowest rating and 10 your highest, please answer the following questions below:

- | | |
|--|----------------------|
| 1. My child's behavior at school | 1 2 3 4 5 6 7 8 9 10 |
| 2. My child's behavior at home | 1 2 3 4 5 6 7 8 9 10 |
| 3. My child's academic success at school | 1 2 3 4 5 6 7 8 9 10 |
| 4. My child's time spent on homework | 1 2 3 4 5 6 7 8 9 10 |
| 5. My child's respect for adults at school | 1 2 3 4 5 6 7 8 9 10 |



- | | |
|--|----------------------|
| 6. My child's respect for adults at home/community | 1 2 3 4 5 6 7 8 9 10 |
| 7. My child's character development | 1 2 3 4 5 6 7 8 9 10 |
| 8. My child's judgment in situations | 1 2 3 4 5 6 7 8 9 10 |
| 9. My child's choice of friends | 1 2 3 4 5 6 7 8 9 10 |
| 10. My child's motivation for success in life | 1 2 3 4 5 6 7 8 9 10 |

Parent Questions:

1. What do you want your child to gain from participating in this program?

2. Explain what you plan to do to help MBK serve your son's needs.

Student Questions:

1. Why do you want to participate in MBK?

2. What does it mean to be a leader in your community as a young man of color?

Student Commitment Agreement

I _____ promise to attend and participate in all MBK activities. I understand that respect for facilitators, mentors, and MBK staff is non-negotiable. Participating in MBK is a privilege, and my spot can be taken by another student who deserves the time, effort, and resources invested. If I miss class or an activity I signed up for, I will contact the case manager and inform him in advance. I understand that utilizing transportation when my caretaker cannot provide me with a ride to a seminar or activity is a privilege. Therefore, I am responsible for calling in advance for a ride at least a day before to see if transportation is available and that the case manager can organize a ride for me. If my ride arrives and I decide not to participate, I understand I may have to find a ride for future events. If I do not cooperate with MBK Staff, I can be terminated from the program.



I certify that this application has been filled out to the best of my knowledge, and I have read and understand the enrollment and admission guidelines above.

Please check the boxes statements below:

<input type="checkbox"/>	I agree to attend all meetings that are planned
<input type="checkbox"/>	I agree to participate in discussion and seminar activities
<input type="checkbox"/>	I agree to respect all staff and mentors that are here to support me
<input type="checkbox"/>	I will do my best to grow as a person and develop as a young leader
<input type="checkbox"/>	I agree to check my attitude and behavior while participating in MBK

Student Name	Student Signature
Date	

Once completed, please return via:

Your School Administrator, Institution Leader, or Deliver to:

Mary Magdalene Community Services
 1149 N. El Dorado Street, Stockton, CA 95202
 Phone: (209) 888-4519
 Website: marymagdalenecs.com

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