



## Becoming Men of Change

*“A people without the knowledge of their past history, origin and culture is like a tree without roots.”*  
 -Marcus Garvey

**3<sup>rd</sup> Annual BMoC Summit~ June 26<sup>th</sup>, 2014**  
 Sacramento State University Ballroom, 8am-5pm

### YOUTH APPLICATION (Ages 14-18)

**Description of BMoC Summit:**

A FREE full day event focused on galvanizing community power and inspiring youth action! The purpose of the summit is to create system change by mobilizing young people and inspire dialogue between youth activists and local leaders regarding the development of a community action plan to improve health, safety and educational outcomes for Boys and Men of Color in the Sacramento area. At the end of the Summit participants will be encouraged to participate in in going BMoC activities and events.

**Qualifications and Requirements:**

- Applicants should be male identified, between the ages of 14-18, of any sexual orientation or gender expression/ presentation
- Applicants must commit to attending the entire summit at CSUS on June 26<sup>th</sup>, 2014
- Selected applicants are encouraged to stay involved with the BMoC movement after the summit and maintain a relationship with their mentors. Events will be provided throughout the year to keep you involved!

❖ Please note that failure to respect the standards of the Boys and Men of Color Summit jeopardizes your participation as a Mentor.

❖ **Deadline to submit is June 11th, 2014**

Name: \_\_\_\_\_  
                     First  Middle  Last

Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_  
                     Month                    Date                    Year

Address: \_\_\_\_\_  
                     Street  City  Zip Code

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**T-shirt size:** (EX: Small) \_\_\_\_\_ **Twitter name:** \_\_\_\_\_ **Instagram:** \_\_\_\_\_

School/ Organization: \_\_\_\_\_

How did you hear about the BMoC Summit? Did you attend last year? \_\_\_\_\_

If transportation was available, would you utilize it to get to the BMoC Summit? \_\_\_\_\_

Do you have any disabilities/ allergies/ conditions or concerns that we should be aware of? \_\_\_\_\_

\_\_\_\_\_

Do you have any dietary needs? Yes / No

If Yes, Please explain \_\_\_\_\_

**Ethnicity/ Heritage:**

- African/ African American
- Asian/ Asian American
  - Hmong
  - Vietnamese
  - Chinese
  - Iu-Mienh
  - Lao
  - Indian
  - Korean
  - Filipino
  - Asian Indian
  - Japanese
  - Cambodian
  - Thai
  - Other Asian \_\_\_\_\_
- Caucasian
- Native American
- Pacific Islander
  - Samoans
  - Native Hawaiian
  - Polynesian
  - Tongans
  - Fijians
  - Micronesians
  - Tahitians

- Other PI \_\_\_\_\_
- Middle Eastern \_\_\_\_\_
- Hispanic/ Latino
  - Mexican/Mexican American
  - Argentinean
  - Bolivian
  - Brazilian
  - Chilean
  - Colombian
  - Costa Rican
  - Cuban
  - Dominican
  - Ecuadorian
  - Salvadorian
  - Guatemalan
  - Honduran
  - Nicaraguan
  - Panamanian
  - Paraguayan
  - Peruvian
  - Uruguayan
  - Venezuelan
  - Puerto Rican
  - Other Latin group \_\_\_\_\_
- Other Race/Ethnicity \_\_\_\_\_

Primary language spoken: \_\_\_\_\_

**Student Responses:**

(This section is optional. However, because our summit has limited space, we highly encourage you to complete this section to the best of your ability.)

Why do you want to be a part of the Boys and Men of Color Summit? What do you hope to gain from this summit?

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Tell us about your community and how you'd like to change it for the better? Respond in whatever form you'd like (creative, drawing, poetry, story, essay, etc. You can use the back of this sheet if you need to!)

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BMoC Contact Information:

Please email, mail or fax completed registration form to:

Dawit Bekele

Project Coordinator

Sacramento Building Healthy Communities

Phone: (916)454-1892

FAX: (916)454-1895

Email: [dawitbhc@asianresources.org](mailto:dawitbhc@asianresources.org)

Mail Drop off: Sacramento Building Healthy Communities (Inside Asian Resources)  
5709 Stockton Blvd  
Sacramento, CA 95824

**Deadline to submit is June 11th, 2014**



**Check us out online:**

 <http://www.facebook.com/SacBMOC>  
 <https://twitter.com/SacBMOC>  
 <http://SacBMOC.blogspot.com>

## Release Form for Liability, Media Recording and indemnification

I, the undersigned, do hereby consent and agree that Sacramento Boy and Men of Color Committee, its employees, or agents have the right to take photographs, videotape, or digital recordings of me on June 26, 2014 to use these in any and all media, now or hereafter known, and exclusively for the purpose of Boys and Men of Color Summit. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Sacramento Boy and Men of Color Committee, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Sacramento Boy and Men of Color Committee is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, *and am competent to execute this agreement. If I am not at least 18 years of age, my parent and/or guardian will sign and print their name below.*

I agree to indemnify and hold Sacramento Boy and Men of Color Committee, agents and employees, from and against any and all claims, cost liabilities, expenses or judgments, including attorney's fees and court costs arising out of my participation in the Boys and Men of Color Summit at California State University, Sacramento and any illness or injury resulting there from except injury deliberately or willfully caused. I recognize that the event can be dangerous to me and anyone else and accept those dangers. I understand that if I or anyone else is injured as a result of my participation this waiver will be used against me. I also understand that no employee or agent is authorized to modify this waiver.

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*I CERTIFY THAT I HAVE PERSONALLY READ AND UNDERSTAND THIS WAIVER AND RELEASE.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Youth's signature if over 18 years or parent signature if under 18)

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

If minor, Guardian's Name: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_