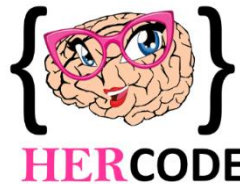




## {HER} Code Summer STEM Experience



Dates June 24<sup>th</sup>-28<sup>th</sup>, 2019

Hosting Location

Fort Worth Central Library

500 W. Third St.

Fort Worth, TX 76102-7305

**FREE** 5 day Summer Camp for girls ages 11-17 who have a history of foster care, CPS involvement or a special familial situation.

*Engage. Empower. Embrace.*

Activities Include

Introduction to Coding

Meet a Panel of Women in STEM

Field Trip

STEM Activities

Projects/Presentations

Life Skills / Mentoring

Team Work

If you would like to sign up to participate please complete the attached Application Packet, sign and return it to

Renika Atkins

[admin@weriseandinspire.org](mailto:admin@weriseandinspire.org)

Thank you to our hosts and community partners!

(Camp hours are from 7am-6pm)

The first (7am-8am) and last hour (5pm-6pm) are for pick up and drop off

Attire is t-shirt, jeans, or shorts at a decent length and tennis shoes

Please no open toes shoes allowed.

On Wednesday June 26, 2019 girls are asked to dress more business casual for our field trip to Baylor Heart and Vascular Hospital.

We do offer transportation assistance in the form of gas assistance or neutral meet up locations if needed.

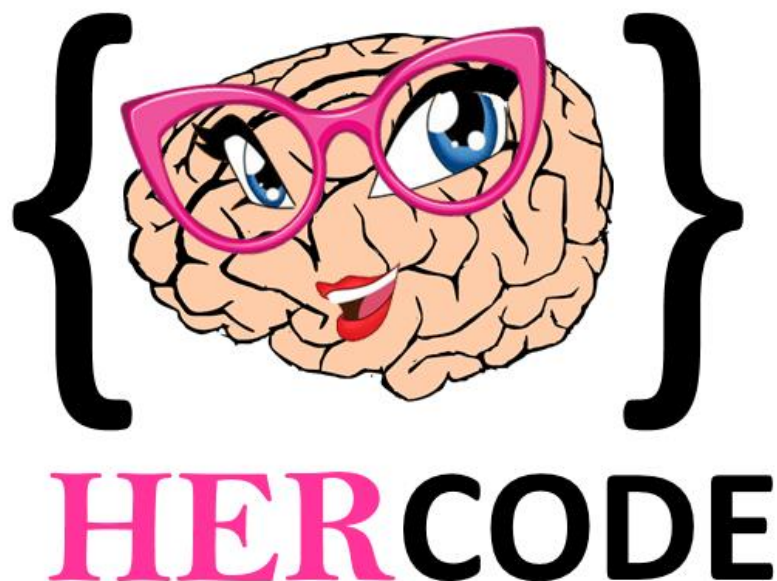
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[admin@weriseandinspire.org](mailto:admin@weriseandinspire.org)

832-845-3589

[www.weriseandinspire.org](http://www.weriseandinspire.org)





Summer STEM Experience  
Application Packet  
2019

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## Welcome Message

Hello from Our Founder and Director,

We are truly excited and blessed to be able to provide this experience for youth in the area. As we embark on this journey I am reminded of the impact STEM education and work experience has made on my life. Please understand while I am a Social Worker at heart, I am a Black Girl STEM Champion by profession. I have utilized my past experiences and my journey in navigating transitioning into adulthood to outperform and inspire professionals in my field. There is very little representation of women in STEM, even worse there is little to no representation of foster alumni in STEM career fields. This can be the result of one of two things, we chose not to be visible once we age out or we lack the resources that facilitate access and support in STEM education and career fields. Either way we WILL change that!

My only request to you is that you commit to overcoming any circumstance or obstacle you may encounter. Face each day with a great outlook and give a wink to the sun!

Renika Atkins LMSW, B.S.  
Founder and Director

## {HER} Code Mission, Vision and Values

The mission of {HER} Code is to empower, encourage and engage girls in being the leaders in their successful futures through exploring STEM-related education and career fields. Our main goal is to use STEM to enhance the outlook girls who are currently in foster care, has a history of CPS involvement, adopted or special familial situation, have over their lives.

Our vision is that every girl in out of home placement or history of CPS involvement has the opportunity to explore educational and career fields that would be otherwise out of reach because of their current living situation.

Our core values are Integrity, Accountability, Open Mindedness and Reliability.

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832-845-3589  
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## {HER} Code: Summer STEM Experience Application

Please complete this portion (Application, Interest Letter and References) of the packet and turn it in by email to [admin@weriseandinspire.org](mailto:admin@weriseandinspire.org) or by mail at

R.I.S.E.

Attn: HER Code

8020 Crimea Lane

Fort Worth Texas 76123

Applicant Information	
Youth's Name:	
Youth's Age:	
Youth's Date of Birth: (month and year only)	
County Youth Lives in Currently:	
Youth's Current Grade Level:	
Youth's Race:	
Sex:	
Youth's Email Address: (if applicable)	
Youth's Phone Number:	
Parent/Legal Guardian/Foster Parent Information	
Name:	
Phone Number:	
Email Address:	
Relationship to Youth:	
Agency: (if applicable)	
Agency Phone Number:	
Emergency Contact Information	
Emergency Contact Name:	
Emergency Contact Phone Number:	
Relationship to Youth:	

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List any other Emergency Contacts:		
Transportation Information		
Will the youth need transportation throughout their participation in camp?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
If yes, when? Please circle which applies	The Entire Camp Week (5 days) <input type="checkbox"/>  On Certain Days: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri  Time of Days: <input type="checkbox"/> Mornings <input type="checkbox"/> Evenings <input type="checkbox"/> Both	
Who will be dropping the youth off each day?		
Who will be picking the youth up each day?		
Additional Authorized Pick Up		
Name:	Phone#	Driver's License#
Name:	Phone#	Driver's License#
Name:	Phone#	Driver's License#
<b>Carpooling between families will not be facilitated or authorized through our organization, if the youth is carpooling it will be the responsibility of the parent/legal guardian/foster parent to facilitate the carpooling relationship with the other parent/legal guardian and get clearance through authorizing entities. RISE, camp staff, directors or members will not be responsible for any injuries, harm or other situations that may arise from a carpooling relationship between families. All incidents and/or grievances will be handled by the authorizing entity or parent/legal guardian/foster parent.</b>		





## HEALTH HISTORY

<b>SEVERE/LIFE-THREATENING ALLERGIES</b> - Please list any food, environmental or other allergies which are severe, life-threatening or require emergency medication:
<b>SPECIAL CONSIDERATIONS/NEEDS</b> - Please list any SPECIAL CONSIDERATIONS relevant to your child, such as existing illnesses, previous serious illnesses, injuries or hospitalizations within the past 12 months, activity restrictions, developmental age, chronic health concerns, any medication prescribed for long-term continuous use and any other information which caregiver's should be aware of:
<b>REQUIRED MEDICATIONS*</b> – Please list any prescription medications which require administration during program hours or during emergency situations:
<b>*PLEASE NOTE OUR MEDICATION POLICIES:</b>
<ul style="list-style-type: none"> <li>Non-Prescription medications REQUIRE WRITTEN NOTE AND INSTRUCTIONS by a physician</li> <li>We require a MEDICATION FORM signed by parent(s) for any medication.</li> <li>Medication must be CURRENT. We will not accept or administer expired medications.</li> </ul>
<b>*PLEASE NOTE OUR MEDICATION POLICIES (continued):</b>
<ul style="list-style-type: none"> <li>We require medication to be in its ORIGINAL CONTAINER.</li> <li>We allow the self-carry of Emergency Medications ONLY for children diagnosed with asthma or anaphylaxis. Self- carry is only permitted with the PRESCRIBING PHYSICIAN'S WRITTEN PERMISSION.</li> </ul>
<b>AUTHORIZATION FOR MEDICAL TREATMENT</b>
In the event that I cannot be reached to make arrangements for medical treatment, I authorize R.I.S.E. Staff to administer first aid/or transport to the nearest hospital or emergency care facility.
Name of Licensed Physician or Emergency-Care Facility:
Street Address:
City: _____ State: _____ Zip: _____ Phone Number: _____
I certify that _____ has been examined by a licensed physician in the past 12 months, is able to participate in the {HER} Code Summer STEM Experience by R.I.S.E. The Health History is correct as far as I know, and the person herein described has permission to engage in all prescribed activities and fieldtrips, except as noted by the examining physician and me.
Parent/Legal Guardian Signature: _____ Date: _____

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INITIAL \_\_\_\_\_Transportation: I give permission for my child to be transported in an authorized R.I.S.E. Vehicle or contracted organization for R.I.S.E. events, field trips or to the R.I.S.E. Day Camp Program location. Parent/Guardian will be informed of all planned field trips.

On June 26<sup>th</sup> we will be attending a field trip to Baylor Heart and Vascular Hospital 621 Hall St, Dallas, TX 75226. We will leave the library at 8:30am and return at 3:30pm. Transportation will be chartered through a third party certified organization. More details will be available at the start of camp.

INITIAL \_\_\_\_\_Movies: I give permission for my child to view a Director approved, rated G movie, though it is not part of regularly scheduled lesson plans.

INITIAL \_\_\_\_\_Policies and Procedures: I have received and have read a copy of the R.I.S.E. Day Camp Parent Handbook and understand all policies and procedures therein.

INITIAL \_\_\_\_\_Immunization Hearing & Vision Screening: I certify that my child's current immunization records and TB test (if applicable) are included with this form. I certify that my preschool age camper's Hearing & Vision screening results are also included.

INITIAL \_\_\_\_\_Hours of Care: I understand that I will be charged additional fees if I am late after close of site. I further understand the R.I.S.E. reserves the right to cancel a registration with excessive tardiness of pick-up. In the event of excessive tardiness authorities may be notified. (See R.I.S.E. Handbook for more details)

INITIAL \_\_\_\_\_Custody: R.I.S.E. staff is not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information listed on this document.

***NO PERSON UNDER THE AGE OF 18 MAY PICK UP A CHILD WITHOUT A SIGNED AFFIDAVIT ON FILE.***

INITIAL \_\_\_\_\_Hazardous Activities: I give permission for my child to participate in supervised camp activities such as lab experiments, animal dissection, challenge courses, etc.

INITIAL \_\_\_\_\_Nutrition: R.I.S.E. is not responsible for meeting the nutritional value or the child's daily food needs when parent/guardian provides meals and/or snacks.

#### ACKNOWLEDGEMENT

I have read the HER Code Summer STEM application package and fully agree to its terms. By my signature, and of my free will, I do hereby agree to indemnify and save harmless the R.I.S.E. from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to who I am responsible.

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



## PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

Consent & License. For my participation in activities to be conducted by Resources Inspiring Success and Empowering, the Fort Worth Public Library and Baylor Heart and Vascular Hospital.

I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me

*\*Note, we consider the safety of the youth at all times, we know that in some cases youth cannot be photographed or their faces cannot be included in publications that are public. If you would like to consider the photographing of the back of the youth's head or side profile only*

If this applies please initial here \_\_\_\_\_.

- any narrative account of my experience

My consent includes a perpetual license to R.I.S.E. and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from R.I.S.E. or collaborating third-parties. I will not be, identified in such licensed uses; and my name will not be used to endorse any particular products or services.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge R.I.S.E. and collaborating third parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

I am the parent or legal guardian of (youth's name) \_\_\_\_\_. I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of parent or legal guardian: \_\_\_\_\_

Printed name: \_\_\_\_\_

## Youth Interest Letter Prompt

In order to make this STEM Experience as unique as possible we would love to hear more about your interest in STEM and other related activities. Please give a brief 3-5 sentence short answer to the following prompts. You may get assistance from any adult in your life, be original and creative in your response. There are no wrong answers, just answer to the best of your ability.

What does STEM (Science, Technology, Engineering and Mathematics) mean to you?
Why is it important for girls to participate in STEM activities?
If you could end any one problem in the world, what would it be? Why?
Write about three values that are important to you. Why are they important?

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## Caseworker Approval Form

Does the applicant require prior approval by a caseworker or state agency? Yes or No

If yes please complete the following section and please have the caseworker to sign. If there are any additional questions please contact us at [admin@weriseandinspire.org](mailto:admin@weriseandinspire.org).

Caseworker Name:	
Caseworker Phone Number:	
Caseworker's Email Address:	
Supervisor's Name:	
Supervisor's Phone Number:	
Supervisor's Email Address:	
Does the caseworker need any additional information in order to approve youth participation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what Information is required?	

## Confidentiality Policy

We take the safety of our participants seriously. Under no circumstances will any of the youth's identities or identifying information be displayed or shared on public outlets.

We will not publish identifying information about the youth, their residential location and their personal information. We will take photos, but will do our best to capture the silhouette or back of the youth's body. Any participants who cannot be photographed at all must let us know so that we may exclude them from all captured media.

## Nondiscrimination Policy

Resources Inspiring Success and Empowering staff, volunteers or third parties does not discriminate in admission to its programs, services, or activities, in access to them, in treatment of individuals with disabilities, or in any aspect of their operations. The program also does not discriminate in its enrollment or classroom practices.

In adhering to this policy, this program abides by the Federal Civil Rights Act, 42 U.S.C. 2000e; by the requirements of Title IX of the Education Amendments of 1972; by Sections 503 and 504 of the Rehabilitation Act of 1973; by the Americans with Disabilities Act of 1990; and by other applicable statutes and regulations relating to equality and opportunity.

Questions, complaints, or requests for additional information regarding the ADA and Section 504 may be forwarded to the designated ADA and Section 504 compliance coordinator:

Renika Atkins  
Founder and Director  
832-845-3589  
[Admin@weriseandinspire.org](mailto:Admin@weriseandinspire.org)

## Contact Information

For any additional information or clarification of this application please reach out to  
Renika Atkins LMSW, B.S.  
Founder and Director  
[admin@weriseandinspire.org](mailto:admin@weriseandinspire.org)  
832-845-3589

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