

CONCERNED BLACK MEN OF MASSACHUSETTS, INC.

Paul Robeson Institute for Positive Self-Development

APPLICATION FOR ADMISSION 2007 – 2008 SESSION

PLEASE PRINT ALL INFORMATION CLEARLY

IMPORTANT: PLEASE ATTACH TO THIS FORM A COPY OF THIS APPLICANT'S LAST OR MOST RECENT SCHOOL REPORT CARD.

STUDENT'S NAME: _____

NEW STUDENT: Yes No If you answered "No", indicate the number of years at PRI _____

GRADE: _____ SCHOOL: _____

PARENT'S NAME: _____

PERMANENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: (____) _____ CELL: (____) _____ WORK:(____) _____

PARENT'S E-MAIL ADDRESS: _____

Are you aware of the important work performed by our PRI PARENT'S GROUP? Yes No

Why do you want your son to be enrolled at the Paul Robeson Institute for Positive Self-Development? (Use reverse side if necessary)

In case of emergency please contact:

NAME: _____ (Telephone)

ADDRESS: _____

RELATIONSHIP: _____

MEDICAL INFORMATION:

INSURANCE NAME: _____

DOCTOR'S NAME: _____

PHYSICAL LIMITATIONS: _____

Under the professional direction of the Paul Robeson Institute (PRI), I give my permission for my son/ward _____ to participate in all scheduled supervised activities (including field trips) of the PRI as indicated in the 2006-2007 PRI calendar year with the understanding that I can and will participate. I also give permission to my son's/ward's teacher and principal to collaborate on my behalf with the PRI liaison in order to ensure my son's positive growth and development in this program.

Signature _____ Date _____

Parent / Guardian

The information on this form was reviewed by: _____

Signature of CBMM Member in good standing

Northeastern University, John D. O'Bryant African-American Institute, 40 Leon Street, Boston, MA 02115

CONCERNED BLACK MEN OF MASSACHUSETTS, INC.

Paul Robeson Institute for Positive Self-Development

APPLICATION FOR VOLUNTEER SERVICE 2007 – 2008 SESSION

PLEASE PRINT ALL INFORMATION CLEARLY

PARENT'S NAME: _____
Parent / Guardian

PERMANENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: (____) _____ CELL: (____) _____ WORK: (____) _____

Leave blank if you do not wish to be contacted at work

What time of day may a PRI parent contact you at the phone number(s) you provided: _____

E-MAIL ADDRESS: _____

The **Concerned Black Men of Massachusetts** is fully aware that without the invaluable participation and assistance from our **PRI Parents Group**, the work we do together during the school year would be made more difficult. As a result, we encourage you to be an active participant in your child's experience here at the **Paul Robeson Institute for Positive Self-Development**. Without your support the numerous tasks performed by members of our **PRI Parents Group** "*falls on the shoulders of a select few*". Volunteer work is made easier if everyone concern contributes a little bit of their time and effort. Please take a look at the list below. It reflects the numerous tasks that members of our **PRI Parents Group** perform. **Please check those boxes for which you are interested in performing volunteer service. Please know that our expectation IS NOT for you to volunteer for every task you have checked off. Instead, we are attempting to gain some understanding as to the pool of talent within our PRI parent body. You can rest assured that your decision to not volunteer will in no way impact the quality of service we deliver to your child.**

- | | |
|--|---|
| <input type="checkbox"/> I can assist in the food shopping which needs to be done for breakfast
<input type="checkbox"/> I can assist in the food shopping which needs to be done for lunch
<input type="checkbox"/> I would like to be on the PRI committee which is responsible for "PRI Raffles"
<input type="checkbox"/> I would like to write articles for publication in the PRI Newsletter
<input type="checkbox"/> I can assist in building a database for 2006 - 2007 PRI Registrants
<input type="checkbox"/> I can assist in creating and organizing a "Telephone Tree"
<input type="checkbox"/> I would like to assist in some capacity on the PRI Newsletter
<input type="checkbox"/> I would like to contribute to the success of PRI by doing _____
<input type="checkbox"/> I would like to assist in selling 2006 -2007 Paul Goodnight Calendars
<input type="checkbox"/> I can assist in the food prep. for the "Rites of Passage" Celebration
<input type="checkbox"/> I can assist in preparing the Cabral Center for hosting events
<input type="checkbox"/> I can make numerous copies of materials to be circulated
<input type="checkbox"/> I would like to serve in an elected Officer's post within the PRI Parent's Group | <input type="checkbox"/> I can take digital photos and movies of some PRI sessions
<input type="checkbox"/> I can help organize donations for victims of Hurricane Katrina
<input type="checkbox"/> In Nov. 2006, I can assist in the prep. for Kwanzaa Celebration
<input type="checkbox"/> In Dec. 2006, I can assist in the prep. for MLK, Jr Celebration
<input type="checkbox"/> I will read over the CBMM/PRI "Student Rule Book"
<input type="checkbox"/> I will make sure my child have read the " Student Rule Book "
<input type="checkbox"/> I would like to do the layout for the PRI Newsletter
<input type="checkbox"/> I would like to assist on the Fund Raising Committee
<input type="checkbox"/> I can assist between 12:30pm and 1:30pm with Kitchen Clean-up
<input type="checkbox"/> I can sell 5 - 10 tickets to the CBMM Annual Unity Breakfast
<input type="checkbox"/> I can sell 10 - 20 tickets to the CBMM Annual Unity Breakfast |
|--|---|

Suggestions or specific activity in which you would like to play a leadership role: