



## Thank you for your interest in the MyMedia 101!

MyMedia 101 will be a unique opportunity to receive training on how to tell stories and report neighborhood news that matters to youth, through media outlets like blogs, video production, journalistic writing, and presentations. In their final project, students will shoot and edit their own short news documentary about a topic of their choosing, which will be shared on MyMedia's Youtube page.

The fall session begins **February 2nd, 4:30pm to 7:30pm at the Ideacenter, 1375 Euclid Ave, Cleveland 44115** and will continue every **Tuesday until March 22nd**. Additionally there are two Saturday classes set aside to provide students more time to finish their final projects **on March 12<sup>th</sup> and 19<sup>th</sup> from 10:00am – 12:30pm**. Youth ages 13–18 are encouraged to apply.

Students will commit to a training program that will expose them to the history, techniques and philosophy behind the world of media. Classes will include a combination of informative lectures, interactive assignments, and hands-on, practical learning tools to help them learn how to report on issues that are important to them.

If selected to participate in the MyMedia 101, students will receive a small stipend after completion of the course. In order to receive their full stipend, students must attend **every class, be on time and complete all the course requirements**. Snacks and dinner will be provided as well as bus passes for those who use public transportation.

After completing the MyMedia 101 program, students will have opportunities to apply the training received by participating in events with the MyCom network and their non-profit community partners. Former MyMedia 101 students have gone on to shoot, edit and produce documentaries, promotional videos and have written articles about events, programs and stories in the greater Cleveland area.

The number of youth who can participate in MyMedia is limited and many local youth want to join, so please complete and return the enclosed application forms as soon as possible!

Make sure to have all the forms listed below:

- MyMedia Youth Project Application
- Medical & Emergency Release Form
- Transportation & Liability Waiver
- Photo/Story Release Form
- Youth Stipend Information Sheet

**Send completed forms to:**

**Jasmine Golphin**

**MyMedia Program Director**

5246 Broadway Ave, Cleveland, OH 44127

**Phone:** (216) 812-8700

**Fax:** 216-812-8709

[jasmine@neighborhoodleadership.org](mailto:jasmine@neighborhoodleadership.org)

# MYMEDIA YOUTH PROJECT APPLICATION

PLEASE TYPE OR PRINT NEATLY

If you are typing information directly into this interactive PDF, once all the information is entered, you will need to either print and then hand-sign the forms, or provide valid electronic signatures. Either way, please re-name and save the document, and print a copy for yourself, so you do not lose your information.

## YOUTH INFORMATION

FIRST NAME:

LAST NAME:

STREET ADDRESS:

CITY:

ZIPCODE:

PHONE:

EMAIL (Note: an email address will be needed for the course):

BIRTH DATE:

GENDER:

RACE:

WHOM DO YOU LIVE WITH? PARENT/GUARDIAN NAME:

PARENT PHONE:

PARENT EMAIL:

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT PHONE:

DO YOU HAVE ANY HEALTH CONDITIONS?

**ACADEMIC INFORMATION**

SCHOOL:

GRADE:

Two adjacent rounded rectangular input boxes for school and grade information.

SCHOOL-RELATED ACTIVITIES:

A large rounded rectangular input box for school-related activities.

**COMMUNITY INFORMATION**

- WHAT COMMUNITY ACTIVITIES/PROGRAMS HAVE YOU BEEN INVOLVED IN?
- ARE YOU CURRENTLY INVOLVED WITH MYCOM? IF SO, HOW?

A large rounded rectangular input box for community information.

IF YOU **HAVE NOT** PARTICIPATED IN ANY ACTIVITIES, PLEASE TELL US WHY YOU HAVE NOT (CIRCLE ALL THAT APPLY):

TIME  
WORK

FINANCIAL REASONS  
TRANSPORTATION

NOT INTERESTED

**EMPLOYMENT & OUT-OF-SCHOOL COMMENTMENTS**

Are you currently employed or participate in any after school activities like sports, theater, or tutoring? If so, what is your schedule?

A rounded rectangular input box for employment and after-school activities.

If you selected for MyMedia and are employed, how would you handle your job and commitment to program?

A rounded rectangular input box for handling job and program commitment.

What do you know about Journalism and the news?

A large rounded rectangular input box for knowledge about journalism and news.

When you hear the words "video production," what do you think of?

A large rounded rectangular input box for thoughts on video production.

In your own words, tell us how you think you can help make your community a better place to live.

How much experience do you have with **journalism**?

- A lot, and ready to practice
- Some, and looking for more
- None, but excited to learn

How much experience do you have with **video production**?

- A lot, and ready to practice
- Some, and looking for more
- None, but excited to learn

Because this program is all about media and communication, we're interested in the ways you consume media and information already. What are your top three favorite things to read **and** watch? Why?

**ATTENDANCE AND PARTICIPATION REQUIREMENT**

**I understand and accept the attendance requirements for the MyMedia 101 program. I agree to attend the entire MyMedia 101 class, to be on time, and to participate.**

YOUTH SIGNATURE:

DATE:

**I understand the requirements for my child to participate in the MyMedia Youth Project. I agree to support my child and allow him/her to serve as a MyMedia youth reporter.**

As part of my child's participation in MyMedia, **I understand and consent to my child's participation in MyMedia/MyCom surveys or focus groups to help determine the level of skill the overall group.** The questions asked are related to the material that will be learned throughout the program. **The surveys or focus groups will be anonymous and information will only be looked at as a whole and not individually.** Signing this form gives my consent for my youth to take part in surveying or focus groups.

PARENT SIGNATURE:

DATE:

# MyMedia Medical Release Form

In order to participate in MyMedia/MyCom, all members are required to complete this form and submit it signed by a parent/guardian.  
Please Type or Print Neatly

CHILD FIRST NAME: \_\_\_\_\_ CHILD LAST NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

**Please Choose One of the Following:**

I give permission for immediate medical treatment as required in the judgment of the attending physician.  
Notify me and/or any persons listed above as soon as possible.

I do not give permission for medical treatment until I have been contacted.

PHYSICIAN NAME: \_\_\_\_\_ PHYSICIAN PHONE: \_\_\_\_\_

PHYSICIAN ADDRESS: \_\_\_\_\_

EMERGENCY MEDICAL CONTACT NAME: \_\_\_\_\_

EMERGENCY MEDICAL CONTACT PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

**Please completely describe any medical condition, which may recur or be a factor in medical treatment** (i.e., allergies, including to medication, seizure disorder, blackouts, heart or lung problems, disease, physical limitations, or a condition currently being treated) **and all medications:**

\_\_\_\_\_

**Liability Release:** I certify that the information above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage. I hereby release Cuyahoga County, The Cleveland Foundation, and all MyCom or MyMedia related affiliates, and any designated individual in charge of the specific activity, from any legal or financial responsibility.

YOUTH SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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# MyComTransportation and Liability Waiver

I give permission for MyCom, Cuyahoga County, The Cleveland Foundation, and/or Family and Children First Council to provide alternative transportation for my child when necessary. I understand that this may be by public transportation, personal vehicle, or rented vehicle.

As a MyMedia/MyCom participant, I understand that if I choose to use my own transportation to transport myself to any MyCom-related event that I assume all risk, responsibility, liability and associated cost.

Special Restrictions: Parents, please list any specific restrictions.

CHILD FIRST NAME:

CHILD LAST NAME:

Disclaimer: I understand that by signing this form that MyCom, Cuyahoga County, The Cleveland Foundation, Family and Children First Council and all MyCom affiliates are released from all liability and responsibility in the event of death, bodily injury, and any damages suffered as a result of Alternative Transportation.

YOUTH SIGNATURE:

DATE:

PARENT SIGNATURE:

DATE:

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## MyMedia Photo/Story Release and Authorization

I hereby grant permission to The Cleveland Foundation/Family and Children First Council/Cuyahoga County/MyCom or media organizations to use my or my child's name, likeness, image, photograph, interview or story in official Family and Children First Council/MyCom/The Cleveland Foundation/Cuyahoga County printed publications, multi-media presentations, advertisements, Website, social media or other media/products without further consideration. I acknowledge the The Cleveland Foundation/Family and Children First Council/Cuyahoga County/MyCom's right to crop or treat photographs at its discretion. This authorization includes, but is not limited to, the right to edit or duplicate and to use or reuse my name, likeness, image and/or story in whole or in part. I acknowledge that I have no interest or ownership in the publications in whole or in part. I also authorize the right to broadcast, exhibit, market, sell and otherwise distribute the publications or programs, either in whole or in part, and either alone or with other products. In consideration of all of the above, I hereby acknowledge receipt of reasonable and fair consideration. I also agree to indemnify and hold harmless from any claims the following:

- All Council Members of the Cuyahoga County Family and Children First Council
- All Employees of the Cuyahoga County Family and Children First Council
- The Cleveland Foundation
- All MyCom affiliates and partners
- Cuyahoga County

I have read the above Release and Authorization and understand its content and agree to be bound by its terms.

CHILD FIRST NAME:

CHILD LAST NAME:

CHILD BIRTH DATE:

PARENT/GUARDIAN NAME:

PARENT PHONE:

PARENT EMAIL:

PARENT SIGNATURE:

DATE:



## Youth Stipend Information Sheet

**Please fill out the information below.**

This information is being collected for payroll and tax purposes and is required in order for us to issue you any stipend checks you may earn. This information, including your social security number, will be used solely for the purpose of processing your stipend and preparing any tax filings required by the IRS as a result of the stipend. **Please note that we cannot issue any checks to you unless we have all of the information requested below.**

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

If you have any questions or concerns please feel free to contact me.

Thank you,

Jasmine Golphin

MyMedia Program Director

Neighborhood Leadership Institute

[jasmine@neighborhoodleadership.org](mailto:jasmine@neighborhoodleadership.org)

Youth Signature: \_\_\_\_\_

(216) 812-8700