

MY BROTHER'S KEEPER

Fulton County



January – December 2022

Big Brothers Anonymous
Mentorship Initiative (BBA)

**PARTICIPANT
ONBOARDING**



WHO

My Brother's Keeper Fulton County (MBKFC) is an initiative launched in 2014 to address persistent opportunity gaps for boys and young men of color ages 12-24. The focus of this initiative is to implement a cradle-to-college-and-career strategy for improving the life outcomes of all young people to ensure that they can reach their full potential, regardless of who they are, where they come from, or the circumstances into which they are born. To achieve this goal MBKFC has created the Big Brothers Anonymous (BBA) Mentorship initiative to connect youth to a network of organizations specializing in mentorship and youth development and help create a safe place to discuss topics such as mental health, anger management, financial literacy, life skills, entrepreneurship, fatherhood and much more. The objective of this initiative is to serve young men in need of positive role models, resources and essential life skills for self-sufficiency. BBA participants will engage with industry professionals in some of the following career paths:

- Emerging Technology
- Entrepreneurship
- Education
- Vocational (Plumbing, Electrical, Carpentry, Welding, HVAC)
- Law & Law Enforcement

REFERRAL PROCESS

The BBA Mentorship initiative will design a service referral system pipeline in conjunction with Fulton County community partners serving our target populations. Our process will include some of the following: *Intake Questionnaire, Profile Setup, Service Referral, Impact Report.*

WHEN

1st and 3rd Saturday's from 11am – 2pm
(Launch event on Saturday, January 15).

- January 15
 - February 5
 - February 19
 - March 5
 - March 19
 - April 2
 - April 16*
 - May 7
 - May 21
 - June 4
 - June 18
 - July 2*
 - July 16
 - August 6
 - August 20
 - September 3*
 - September 17
 - October 1
 - October 15
 - November 5
 - November 19
 - December 3
 - December 17
- *No meeting due to holiday weekend

WHERE

The Legacy Center
3015 RN Martin Street
East Point GA, 30344

SAFETY

In line with CDC guidelines, MBKFC will continue to follow specific social distancing requirements, such as spacing tables/chairs a certain distance apart and placing sanitation stations throughout our convening space. All initiative participants will still be required to continue social distancing and wearing face masks while participating in initiative activities.

For those interested initiative participants who are unable to attend in person, arrangements will be made to facilitate one-to-one mentoring opportunities according the interest identified by the participant.

BIG BROTHERS ANONYMOUS MENTORSHIP INITIATIVE (BBA)

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Participant Agreement

This letter confirms the agreement between My Brother's Keeper Fulton County (MBKFC), and _____ to participate in the Big Brothers Anonymous Mentorship Initiative (BBA). Under this agreement, you will participate in a mentorship and male development initiative. The intent of this letter is to outline the responsibilities and expectations of the initiative and you as a participant.

The purpose of the Big Brothers Anonymous Mentorship Initiative is to engage boys and young men in a mentorship capacity through exploring various life skills pertinent to the success and self-sufficiency of youth and families. Community members participating in the MBKFC Taskforce will provide resources to support positive changes in the lives and situations of youth ages 12-24.

By agreeing to participate in this initiative, expectations are as follows:

1. Behavior/Conduct

- A. **Disruptive Behavior**: In order to be an effective organization, participants must display safe, appropriate behavior at all times. **Disruptive behavior will not be tolerated under any circumstances.** Disruptive behavior includes rudeness (i.e., side conversations during meetings, sleeping, eating at inappropriate times), obscene/vulgar language (i.e., profane or explicit comments), physical violence (i.e., hitting, fighting, wrestling), harassment (i.e. sexual or otherwise), and/or disrespectful comments (i.e., inappropriate comments/jokes regarding race, ethnicity, religion, class, and/or an individual's sexual orientation). **Individuals who display disruptive behavior while participating in the Big Brothers Anonymous Mentorship Initiative are subject to be dismissed from the initiative indefinitely.**
- B. **Substance Use**: **The use of tobacco products and/or illegal drugs are prohibited.** Individuals who violate this regulation while on premises are subject to be dismissed from initiative indefinitely.
- C. **Weapons**: **Possession of any legal/illegal weapons is prohibited.** Weapons include knives, (or any sharp object that may inflict serious physical injuries) firearms and defense spray. Individuals who violate this regulation while on premises are subject to be dismissed from initiative indefinitely.

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D. Participants are forbidden to instigate, encourage, promote, and/or condone illegal activities or the usage of violence under any circumstance while participating in the Big Brothers Anonymous Mentorship Initiative. Threats alluding to physical violence are also strictly prohibited. Participants engaging in physical violence or making threats of violence will be immediately dismissed from the premises and initiative indefinitely.

2. Dress Code/Appearance

Attire must be appropriate and presentable. If you are ever in doubt about what is “appropriate,” do not hesitate to ask a initiative administrator.

A. Attire: (Example: Casual or Business Clothing) Jeans, pants/slacks with t-shirts, oxfords, polo shirts, sneakers or shoes.

B. Inappropriate Attire: Clothing displaying profane, vulgar, obscene, and/or explicit messages, undershirts, tank shirts, slippers and revealing undergarment clothing (sagging) are not allowed.

C. Grooming: Please practice good personal hygiene.

3. Adult/Minor Relations

Participants under the age of 18 are not allowed to leave with other BBA participants without parent consent. Activities not authorized through MBKFC are not allowed.

A. Prohibited Activities: Exchange of personal contact information with minors under the age of 18 is prohibited. All communication must be facilitated through the initiative administrators.

ACCEPTED AND AGREED:

I have reviewed the Big Brothers Anonymous Mentorship Initiative agreement, and aware of the outlined requirements I must meet.

Participant Name

Parent Name *(if under the age of 18)*

Signature

Signature

Date

Date

BIG BROTHERS ANONYMOUS MENTORSHIP INITIATIVE (BBA)

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Mentorship Profile

Name _____ DOB _____

Address _____

Cellphone _____ IG _____ Email _____

In case of emergency, who may we contact?

Name _____ Relationship _____

Cellphone _____ Work Phone _____

CONFIDENTIAL QUESTIONNAIRE

Need assistance with any of the following? *Please mark and give details where applicable*

- | | | |
|---|---|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Gang Involvement | <input type="checkbox"/> Record Expungement |
| <input type="checkbox"/> Life Skills | <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Coping w/ Life Changes |
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Credit | <input type="checkbox"/> Healthy Relationships |
| <input type="checkbox"/> Vocational Training | <input type="checkbox"/> Housing / Home Ownership | <input type="checkbox"/> Parenting Skills |
| <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Anger Management | <input type="checkbox"/> Stress / Anxiety Management |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Fatherhood | <input type="checkbox"/> Food Services |

Details:

BIG BROTHERS ANONYMOUS MENTORSHIP INITIATIVE (BBA)

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Please share your highest level of education?

High School Diploma GED Professional Certificate Other _____

Please list THREE goals in order of importance:

1. _____

2. _____

3. _____

List three tasks you can do daily, which will help pave the path toward total achievement?

1. _____

2. _____

3. _____

BIG BROTHERS ANONYMOUS MENTORSHIP INITIATIVE (BBA)

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Participant Release / Consent Form

Participant Name: (Last) _____ (First) _____ (MI) _____

I, _____ *(please print name of parent or legal guardian)* recognize and fully understand that there may be risks and/or damages that may result in personal injury to my minor son associated with this educational/leadership initiative. I assume full responsibility for the participation of my minor son in the activities for which he is registered and agree to the terms and conditions as follows:

Permission to Participate

I, the undersigned, consent for my minor son to participate in the My Brother's Keeper Fulton County and BBA mentorship initiative. In consideration of my son's participation in the initiative, I hereby agree to assume all risks and hazards incidental to say participation and do further agree to release, agents, assigns, and others who assist the above for any loss, damages, or personal injuries that said son may receive as a result of such participation. I hereby agree to waive all claims against the Fulton County, Legacy Center, its employees, administrators, and affiliates.

Medical Consent

I, the undersigned, understand that there are risks inherent in the activities that are included in this initiative, but willingly assume these risks in order to allow my son to participate. Furthermore, I grant permission for any emergency medical care treatment that my son may require.

Medical Care/Hospital Release

I understand that in case of injury or accident, my son shall be treated at the hospital of my choice or, in case of emergency, at the nearest available medical center/hospital at my expense.

Hospital of Choice

Address

Parent Consent Statement:

My son, _____ has my permission to participate in My Brother's Keeper Fulton County and BBA mentorship initiative, and the activities/events associated with the initiative.

Parent or legal guardian signature

Date

BIG BROTHERS ANONYMOUS MENTORSHIP INITIATIVE (BBA)

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Media Release

I, _____ (please print name of parent or legal guardian) hereby authorize my son to be photographed and or videotaped by Fulton County, the Legacy Center, for the purposes of public information and/or promotion. I expressly waive any right of privacy and/or rights associated with the use of such images including my right to sue the Fulton County, the Legacy Center or its agents or employees for monetary damages of injunctive relief. I understand these images may be published and/or broadcasted by Fulton County, its affiliates and/or other media agencies.

Participant Name: (Last) _____ (First) _____ (MI) _____

Parent or legal guardian signature

Date