



# Baltimore Speaks Out! Program

A program offered by Wide Angle Youth Media in partnership with the Enoch Pratt Free Library since 2001.

## Location:

### Orleans Street Branch

1303 Orleans Street, Baltimore, MD 21231

## Work with your new friends to create a video!

Go on a field trip, Discover new things about your community and then teach others what you learn while earning up to **25 service-learning hours!** At the end of the Baltimore Speaks Out! Program you can invite your family and friends to watch **YOUR VIDEO** on the big screen! This **FREE** program meets from March through May, 2 days a week for 2 hours a class!

## GO BEHIND THE SCENES

- Make your own movie!
- Be part of a production crew
- Learn how to edit on the computer
- Brush up on your emcee skills
- Use your video to make a difference!
- Earn service learning hours
- MAKE NEW FRIENDS AT THIS FREE AFTERSCHOOL PROGRAM!

\* All youth ages 11-15 are eligible to attend.



## Questions?

Call Wide Angle Youth Media  
**(443) 759- 6700**

## Spring 2009 Schedule:

### Program Dates:

March 9, 2010 - May 20, 2010

### Meeting Schedule:

**Tuesdays & Thursdays (3:30pm - 5:30pm)**

### Dates to Remember:

- First Class: March, 9, 2010
- Family Night: March 25, 2010
- Community Screening: May 20, 2010
- NO CLASS: March 30 & April 1 (spring break)
- NO CLASS if BCPSS closes for INCLEMENT WEATHER

## HOW DO YOU APPLY?

- 1) Fill out this attached 2 page application
- 2) Please write clearly and have a parent or guardian sign the form.
- 3) **MAIL OR DROP OFF**  
**your completed application to:**

Wide Angle Youth Media  
2601 N. Howard Street, Suite #160  
Baltimore MD 21218

### Please know:

- Workshops fill quickly! Applications are accepted on a first-come-first-served basis & class size is limited to 15.
- No student will be enrolled in this workshop without a signed application!
- **The Orleans Library will accept your application at the front desk.** Please call 443-759-6700 and let us know you dropped off a completed application.

**The Baltimore Speaks Out! Program is a partnership of Wide Angle Youth Media and the Enoch Pratt Free Library.**

### This program is funded by:

The A-Teams Fund of the Family League of Baltimore City, Anonymous Donors, The Henry and Ruth Blaustein Rosenberg Foundation, The Betty Lee and The Dudley P. Diggs Family Foundation, M and T Bank, Youth Path of the Baltimore Community Foundation, and many Generous Individuals.

Our students want to tell YOU about their experience in the Baltimore Speaks Out! Program...

***I would like to teach youth to branch out, try new things, and be open to new things. This experience is awesome because you can meet new people and learn great skills that (I think) are vital to succeed in this world.*** –BSOP Student 2008



***This program makes me think how much more I can do with a camera and how fun it is being in front of a camera.***  
- BSOP Student 2008

I would like to tell other youth that they could be doing something good to help the community after school rather than being on the street wasting their time.  
-BSOP Student 2009

*I would like to tell youth about how this program has helped me IMPROVE my video skills and helped me with public speaking.*  
– BSOP Student 2008

- *My child has gained extensive knowledge of media production. He continues to express his enjoyment and appreciation for the field outside of his classroom experience.*  
-BSOP Parent 2009



---

**Wide Angle Youth Media** is a 501(c)3 non-profit that provides Baltimore youth with opportunities to tell their own stories using video technology, public speaking, and critical thinking skills. Through after school programs, community events, our annual Youth Media Festival, and our youth-run television show, Wide Angle strives to make media make a difference.



**[www.wideanglemedia.org](http://www.wideanglemedia.org)**

Watch our videos online at [www.youtube.com/bemoretv21](http://www.youtube.com/bemoretv21)

And Vimeo: <http://vimeo.com/wideanglemedia>

# Baltimore Speaks Out! Program at the Orleans Library

## REGISTRATION FORM

(PLEASE PRINT CLEARLY)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Age \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_ Grade \_\_\_\_\_

Gender \_\_\_\_\_ BCPSS Student ID# \_\_\_\_\_

School: \_\_\_\_\_

Name of Your Favorite Teacher at School: \_\_\_\_\_ What do they teach: \_\_\_\_\_

PLEASE CIRCLE OR CHECK YOUR ANSWERS TO THE FOLLOWING QUESTIONS:

<p><b>Select the race that best describes your child:</b></p> <p><input type="checkbox"/> African American      <input type="checkbox"/> Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Bi-Racial      <input type="checkbox"/> Native American</p> <p><input type="checkbox"/> Caucasian      <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Multi-Racial</p>	<p><b>Select the status of your child's family:</b></p> <p><input type="checkbox"/> Single Parent – Mother</p> <p><input type="checkbox"/> Single Parent – Father</p> <p><input type="checkbox"/> Two Parent Household</p> <p><input type="checkbox"/> Legal Guardian – Relative</p> <p><input type="checkbox"/> Legal Guardian – Non Relative</p> <p><input type="checkbox"/> Other – Relative</p> <p><input type="checkbox"/> Other – Non Relative</p>
<p><b>If your child needs to leave class early:</b></p> <p><input type="checkbox"/> May walk home alone</p> <p><input type="checkbox"/> May take public transportation alone</p> <p><input type="checkbox"/> May remain in the library after class</p> <p><input type="checkbox"/> Must be picked up, please call _____</p>	<p><b>Is your child or your immediate family currently receiving TANF?</b></p> <p><i>(Temporary Assistance to Needy Families )</i></p> <p>Yes/True      No/False</p>
<p><b>Is your child entitled to free or reduced-cost lunch?</b></p> <p>Yes/True      No/False</p>	<p><b>Is your child currently homeless?</b></p> <p>Yes/True      No/False</p>

### GUARDIAN INFO

Parent/Guardian Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relation to Child \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Best time to reach you by phone: \_\_\_\_\_ Best phone number to reach you at: \_\_\_\_\_

### AS A PARENT OR GUARDIAN WOULD YOU? (CHECK ALL THAT APPLY)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Donate Snacks or Juice          | <input type="checkbox"/> Make a financial contribution | <input type="checkbox"/> Join a Parent Advisory Committee |
| <input type="checkbox"/> Chaperone a field trip          | <input type="checkbox"/> Volunteer at community event  | <input type="checkbox"/> Assist with recruitment          |
| <input type="checkbox"/> Assist with fundraising efforts | <input type="checkbox"/> Volunteer in the office       | <input type="checkbox"/> Serve on an Event Committee      |

# Baltimore Speaks Out! Program

## PERMISSION AND MEDIA RELEASE FORM (PLEASE PRINT CLEARLY)

I, \_\_\_\_\_ give my permission for \_\_\_\_\_ to participate in any  
(Parent/Guardian Name) (Child's Name)

and all activities of Wide Angle Youth Media's Baltimore Speaks Out! Program at the Enoch Pratt Free Library. I am aware that my child will learn how to use media production equipment, and have their own image and voice recorded in the process of learning how to produce media messages, which may be distributed publicly. I understand my child will be exposed to certain risks that by nature and location of these activities cannot be controlled. I agree to release and forever discharge Wide Angle Youth Media and the Enoch Pratt Free Library and their staff from any and all liability, and claims in any way connected with the minor's participation in the Baltimore Speaks Out! Program.

I understand that my child will go on supervised neighborhood walks within a five block radius of the Library. On these trips my child will be filming or conducting research for their video project, and I give permission for them to participate in this activity.

I grant Wide Angle Youth Media and the Enoch Pratt Free Library permission to copyright and use, reuse, publish, and re-publish the image, voice, and likeness of my child, as well as any writing, drawing, or other media produced by my child, for inclusion in the Baltimore Speaks Out! Program and its advertising, promotion, and other related purpose. I waive any and all rights to approve the final product or limit its distribution.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### SERVICE LEARNING AGREEMENT

The Enoch Pratt Free Library and Wide Angle Youth Media offer service learning credits to all Baltimore Speaks Out! students who display outstanding attendance. These hours can be used to fulfill a portion of the 75-hour service-learning requirement of all Baltimore City Public School students.

I understand that the 25 hours of service learning hours will only be awarded if my child attends at least 90% of the workshop sessions. I understand that if my child has 75%-89% attendance they will receive between 10-20 service learning hours and if their attendance rate is 74% or less they will be ineligible for any service learning hours. At the end of the workshop, The Enoch Pratt Free Library will send me an official letter verifying my child's service learning hours. **I understand that it is MY RESPONSIBILITY to bring the official letter to my child's school for their service learning hours to be recorded.**

***By signing this agreement I will help my child maintain great attendance so they may earn service learning hours!***

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### MEDICAL RELEASE AND EMERGENCY INFORMATION

Emergency Contact Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_ Emergency Contact's Phone: \_\_\_\_\_

Please list any allergies or medical conditions we should be aware of: \_\_\_\_\_

*I permit my child to receive emergency medical services if necessary by a local hospital. I understand that any medical expenses will be directly billed to my insurance company or me. Wide Angle Youth Media and the Enoch Pratt Free Library are not obligated for the costs, but have my permission to procure services for my child or children.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

### MAIL YOUR COMPLETED APPLICATIONS TO WIDE ANGLE YOUTH MEDIA OR DROP IT OFF AT THE FRONT DESK AT THE ORLEANS LIBRARY!

Mailing Location:	Phone Number:
Wide Angle Youth Media 2601 N. Howard Street, Suite #160 Baltimore, MD 21218	(443) 759 - 6700