



Want to Make a Difference? Apply Now!

The Mentoring Video Project is a video production and youth leadership program for Baltimore youth.

Young people ages 14-19 will learn new skills, and use the power of media to make a difference! As an MVP Member, you will:

- Produce Videos about Youth Issues
- Meet and Interview Interesting People
- Teach Media Skills to Youth
- Host Screenings and Events
- Earn Stipends for Special Projects
- Service Learning Hours or an Hourly Stipend
- Have the Opportunity to Become a Peer Educator

As an MVP Member, you will be part of the team that creates:



BeMore TV

BeMore TV airs on public access Channel 75 and on the Internet. Previous episodes have explored Environmentalism, Sex, finances, and HIP-HOP. What's next? Join MVP and help us decide!

MVP meets on **TUESDAYS and THURSDAYS from 5-7pm**. Classes start the end of September and through the end of May. In the summers, MVP members have opportunities to become a youth worker, make videos, and give presentations.

APPLICATION DEADLINE: June 30, 2009

Apply Now to become an MVP Member:

1. **Fill out an application form (attached).** Mail this form to: *MVP, c/o Wide Angle Youth Media, 2526 N. Charles Street, Baltimore 21218.*
2. **A panel of MVP members will review your application.** If selected, you will be contacted by July 1st.
3. **Attend an orientation session.** All new MVP members will meet at the beginning of the school year to be trained on our equipment and start planning the production calendar.

*If you have any questions, please call 410-338-0947, or e-mail info@wideanglemedia.org
www.wideanglemedia.org*

Mentoring Video Project Application Questions

Please write 3-4 sentences for each question.
You can use another sheet of paper, if necessary.

If you have any questions please contact Older Youth Coordinator Siobhan Marie at Siobhan@wideanglemedia.org or call 410-338-0947.

1. Why do you want to be a member of MVP?

2. What types of experience do you have making or teaching media? (Not just video but photography, journalism, and radio all count as media here!)

3. Please circle how comfortable you are working in groups:

Very Comfortable

A Little Comfortable

Not Comfortable

4.

Name 3 skills and personality traits that you think will contribute to the Festival Committee team? (ie: teamplayer, artistic, etc)	Name 3 skills that you would like to improve on? (For example: public speaking, art making, peer leadership etc...)
1	1
2	2
3	3

5. What skills do you hope to take from MVP into your future career and studies?

6.If you had your own television show, name 2 issue(s) you would want to discuss? Why do you feel that it is important to discuss these issues to an audience?

1. _____ 2. _____

7. Is there anything else you would like us to know about you?

Mentoring Video Project (MVP)

Permission and Release Form

I, _____ give my permission for _____
(Parent/Guardian Name) (Youth's Name)

to participate in any and all activities of Wide Angle Youth Media's *Mentoring Video Project* (MVP). 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 that my child will go on supervised neighborhood walks within a five block radius of the Wide Angle Office. On these trips my child will be filming or conducting research for their class projects, and I give permission for them to participate in this activity.

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, their boards of directors, volunteers, employees and agents from any and all liability, and claims in any way connected with my child's participation in MVP.

I grant Wide Angle Youth Media 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 MVP, and permit Wide Angle Youth Media to use said media for education, promotion, and other related purpose in print, video, on the web, and all media. I waive any and all rights to approve the final product or limit its distribution.

Parent/Guardian's Printed

Date

Parent/Guardian's Name Signature

Medical Release

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 is not obligated for the cost, but has my permission to procure services for my child.

Parent/Guardian Signature

Name of Insurance Company

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

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PLEASE CIRCLE OR CHECK YOUR ANSWERS TO THE FOLLOWING QUESTIONS:

<p>Select the race that best describes your child:</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>Select the status of your child's family:</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>If your child needs to leave class early:</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>Is your child or your immediate family currently receiving TANF?</p> <p><i>(Temporary Assistance to Needy Families)</i></p> <p>Yes/True No/False</p>
<p>Is your child entitled to free or reduced-cost lunch?</p> <p>Yes/True No/False</p>	<p>Is your child currently homeless?</p> <p>Yes/True No/False</p>

As a parent or guardian would you? (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Join a parent advisory committee | <input type="checkbox"/> Prepare snacks for class | <input type="checkbox"/> Assist with recruitment |
| <input type="checkbox"/> Chaperone a field trip | <input type="checkbox"/> Assist with Fundraising Efforts | <input type="checkbox"/> Volunteer in the office |
| <input type="checkbox"/> Serve on an Event Committee | <input type="checkbox"/> Make a financial contribution | |

SERVICE LEARNING AGREEMENT

Wide Angle Youth Media offers service learning credits to all Youth Media Festival 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, Wide Angle Youth Media 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 agree to help my child maintain outstanding attendance so they may earn service learning hours.

Parent/Guardian Signature _____

Date _____

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**Participant Information
(PLEASE PRINT CLEARLY)**

First Name _____ Middle Initial _____ Last name _____
Nick Name _____ Email Address _____
Street Address _____ Apt# _____
City _____ State _____ Zip _____
Birth Date (mm/dd/yy) _____ Age _____ Gender _____
Race/Ethnicity _____ School _____ Grade _____
Home Phone _____ Cell Phone _____

Parent/Guardian Information

Parent/Guardian Name _____
Street Address _____ Zip _____
Relation to Child _____ Home Phone _____ Cell Phone _____
Occupation _____ Place of Employment _____
Emergency Contact Name _____
Relationship to Participant _____ Emergency Phone _____

Are you interested in applying for a transportation scholarship? (Limited Availability)

Is there anything else that you would like us to know about your child? _____
