



Community House Crossings Project

Standing with families since 1969

Strength Through Education: Live, Learn, Lead
2016-17 Academic Year Student Diversity Workshop Series

These workshops aim to create and provide a safe space for middle and high school students to learn and discuss important themes of self-identity formation and to explore how personal narratives relate to their environment. This series is open to middle and high school students who live in Princeton, NJ. Developed and facilitated by Princeton University undergraduate students.

There will be a workshop one Saturday every month throughout the 2016-17 Academic School Year. Each workshop will run from 10AM-2PM with a lunch break (food will be provided). Each session will cover a central topic through different activities and discussions led and facilitated by undergraduate mentors. The main theme throughout this academic year is to delve into topics of intersectionality. By examining how each participant lives, the group will learn how individual identities are connected to personal environments, and how each individual can move forward to lead a new wave of strengthened personal education.

The goal of these sessions is to teach participants how to personally identify, critically engage, and promote awareness around multidimensional and intersectional identities. This series hopes to help students develop a unique and personal understanding of diversity issues. We also hope that they will be able to extend these conversations started in the workshops with their families and friends. It is important for these students to establish these connections so that they can continue to appreciate and strengthen their identities in all areas of their lives.

Note: Applications will be accepted in a first-come, first-served basis. Space is limited for each of the two groups (middle school and high school).

COMPLETED APPLICATIONS CAN BE RETURNED TO COMMUNITY HOUSE DIRECTLY OR SUBMITTED VIA EMAIL, MAIL, OR FAX.

CONTACT COMMUNITY HOUSE:

58 PROSPECT AVE, PRINCETON, NJ

EMAIL: HOUSE@PRINCETON.EDU

PHONE: 609-258-6136 FAX: 609-258-7377

WORKSHOP SCHEDULE (FIRST SEMESTER, SECOND SEMESTER DATES TBA)

Saturday, October 15th, 10:00 am – 2:00 pm

WHO AM I?: AN EXPLORATION OF SELF-IDENTITY

Saturday, November 19th, 10:00 am – 2:00 pm

UNDERSTANDING OTHERS: UNPACKING STEREOTYPES

Saturday, December 10th, 10:00 am – 2:00 pm

THE THREE SOCIAL M'S: MOVEMENTS, MEDIA, AND MOBILIZATION





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Registration Form

All Fields Must Be Completed.

Student Information:

First Name: _____ Last Name: _____

Age: _____ Date of Birth: _____ Gender: _____

School: _____ Grade: _____

Home phone: _____ Cell Phone: _____

Home Address: _____

Email Address: _____

Parent/Guardian Information:

First Name: _____ Last Name: _____

Place of Employment: _____ Work Phone: _____

Home phone: _____ Cell Phone: _____

Home Address: _____

Email Address: _____





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Emergency Contact Information (Must Be Different Than Parent/Guardian):

First Name: _____ Last Name: _____

Relationship to Student: _____ Work
Phone: _____

Home phone: _____ Cell Phone: _____

Email Address:

Please list 3 reasons why you want participate in this workshop series:

1. _____

2. _____

3. _____

Name of an adult (teacher/guidance counselor/mentor/parent) who will support your application:



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PARENT/GUARDIAN WAIVER AND CONSENT FORM

2016-17 ACADEMIC YEAR STUDENT DIVERSITY WORKSHOP SERIES PARTICIPANT

Please indicate your consent by checking each box, initialing each section and providing your signature.

A student selected for this program must have this form completed and signed.

- I certify that I am the parent or legal guardian authorized to sign this waiver and consent form on behalf of my child/ward ("Participant").

Name of parent/legal guardian (print): _____

Home address: _____ Email address: _____

Home Phone: _____ Cell Phone: _____

- **Permission to participate and abide by code of conduct** _____ **Your initials**

I am the parent/guardian of _____, now known as Participant, and hereby give my permission for Participant to participate in the 2016-17 Academic Year Student Diversity Workshop Series with the understanding that there will be a variety of identity-related activities and discussions associated with the diversity and intersectional identities, which will take place on or near the Princeton University campus, unless otherwise notified. I understand that Participant will be required to sign a Participant Code of Conduct Agreement and should any rules be broken, it is at the discretion of the undergraduate student mentors to release Participant from the workshops, upon notification to the parent/legal guardian.

- **Permission to participate in field trips:** _____ **Your initials**

I authorize Participant to go on field trips that may be scheduled and sponsored by Community House, with the right to forego his/her participation in as specific trip. I agree that neither I nor any member of my family will seek to hold Princeton University, Community House, and/or their respective students, officers or employees liable for any damage or injuries which may be sustained to my child. I, nor any member of my family, will hold Princeton University, Community House responsible for incidents beyond their control. I understand pursuant to New Jersey law that any damage or injury sustained by my child as a result of an automobile accident will be covered by my automobile insurance policy (under PIP/No Fault).





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- **Permission to photograph or film Participant:** _____ **Your initials**

I grant permission to Princeton University to videotape, photograph or otherwise record Participant and to use such recordings and biographical data in any media, on a perpetual basis, for non-commercial purposes

- **Approval to participate, waive, release, agree to hold harmless**

I hereby give my approval for Participant to participate in this program and waive, release, and agree to hold harmless the organizers, facilitators, teachers, participants, and any other personnel involved in the operation, organization, sponsorship, supervision or participation of this Student Diversity Workshop Series, including without limitation, the Trustees of Princeton University, Community House, and their respective trustees, directors, members, officers, employees and agents from any claim or cause of action of any nature that may be available to the Participant or his/her parents and/or legal guardians, arising out of any injury, accident, or illness to the Participant, arising in any way out of or in connection with the Participant's participation in such program and activities.

Parent/Legal Guardian Signature

Date

PARENT/GUARDIAN ACKNOWLEDGEMENT OF TRANSPORTATION

2016-17 ACADEMIC YEAR STUDENT DIVERSITY WORKSHOP SERIES PARTICIPANT

Please indicate below how your child/ward will get to and from the workshop series.

- My child/ward, _____ has my permission to walk from home to the program and back home after the program.
- My child/ward, _____ has my permission to have the individuals noted below, drive him/her to the camp and pick him/her up from the camp.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____





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Parent/Legal Guardian Signature

Date

MEDICAL INFORMATION

2016-17 ACADEMIC YEAR STUDENT DIVERSITY WORKSHOP SERIES PARTICIPANT

Please attach copies of information on the health and wellbeing of your child/ward (“Participant”), including copies of any health insurance cards or other documents. Include below, any information you feel is important for us to know that may affect the “Participant’s” ability to fully participate in the camp program. Read and review the permission statement noted below, providing your signature to indicate your approval.

- **Permission for medical treatment for _____ and obligation to assume medical expenses:**

In the event that I am not immediately available, should the Participant suffer a serious or life-threatening injury for which medical treatment may be necessary, I hereby authorize an appropriate adult member to engage qualified medical personnel to initiate any necessary medical treatment or care. In the event of such an injury, it is understood that, where practical, a representative of Princeton University will use all reasonable efforts to notify me prior to initiating medical treatment for the Participant. If I am not available, I give my permission to any such physician or other medical personnel to provide such medical treatment, as that individual deems medically appropriate. I understand and agree that I am responsible for all medical care expenses incurred to treat the Participant’s injuries including, without limitation, physician, hospital, lab, drug and device expenses.

Parent/Legal Guardian Print Name

Parent/Legal Guardian Signature

Date

