

BROTHERS UNITED MENTORSHIP PROGRAM

Registration Package

It was once said that, “If you can’t find a good role model... then be one.” It is this philosophy that inspired the creation of the “Brothers United Mentorship Program” (B.U.M.P).

B.U.M.P is a free after-school program that will run weekly on Fridays from 3:30 - 6:00 PM, from February 28th - June 13th, 2025. The program will connect participants with high school students who will serve as their mentors for the duration of the program. This program is open to students in grades 6-8 who self-identify as male and are members of the African and Caribbean diaspora and/or biracial.

The majority of the time will be spent facilitating activities that will allow students to build positive and meaningful relationships with mentors and most importantly, one another. For the remainder of the time, students will be involved in either group discussions concerning relevant issues in and affecting the black community and/or workshops which will help teach students important skills that will benefit them in their personal lives

For any questions please email brothersunitedmp@gmail.com or call us at

647-888-9703

(Brothers United Mentorship Program is facilitated by volunteers during operating hours 3:30-6:00

p.m. B.U.M.P will be responsible for participants during operating hours and do not assume responsibility for participants before or after these hours).

NOTE: All pages of this package must be completed. Completed packages are to be brought to the program’s

first session OR main office

BROTHERS UNITED MENTORSHIP PROGRAM

TO PARENTS AND GUARDIANS:

The purpose of this form:

1. To inform you of the nature and intention of the program.
2. To seek permission for your child to participate in the 2025 Brothers United Mentorship Program.

Date:	Weekly on Fridays; from February 28th 2025 - June 13th, 2025
Time:	3:30 p.m to 6:00 p.m
Location:	Ajax High School (105 Bayly St E, Ajax, ON L1S 1P2); School Library
Requirements:	Comfortable clothing for physical activity
Supervision:	The program will be supervised, coordinated and facilitated by Executive Director Trevin Noble and Supervisors: Jaeden Lawton, Nathaniel Luces
Expectations:	Students and Parents/Guardians commit to the full duration of the program (February to June); this is not a drop-in program, and youths who are not formally registered will not be permitted to participate after the deadline.

BROTHERS UNITED MENTORSHIP PROGRAM

Participant Given Name: _____

Participant Surname: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number:

Main: _____ | Work: _____ | Home: _____

Parent/Guardian Email: _____

Emergency Contact Name: _____

Relationship to Participant: _____

Emergency Contact Number:

Main: _____ | Work: _____ | Home: _____

Please check the appropriate box and sign below

☐ I hereby do give my permission

☐ I DO NOT give my permission

For my child _____ to participate in the **Brothers United Mentorship Program**.

Date: _____ (DD/MM/YYYY)

Signature of Parent/Guardian: _____

BROTHERS UNITED MENTORSHIP PROGRAM

Code of Conduct

B.U.M.P is an organization committed to the advancement of the black youth population in the Durham Region. We strive to maintain a safe and positive space to facilitate the growth of all participants. The school, teachers, and B.U.M.P facilitators will not accept any liability for any accident or loss of personal equipment.

BUMP mandates that all participants, facilitators, and involved parties adhere to the code of conduct outlined below:

- We will demonstrate respect AT ALL TIMES by speech and action to all persons. This includes but is not limited to, personal space, race, religion, gender, mental and physical abilities, and sexual orientation.
- We will demonstrate respect for the environment and the space we occupy. This includes but is not limited to, littering, vandalism, and stealing.
- We will respect ourselves by demonstrating pride in who we are and the schools we represent. All federal, provincial and municipal laws will be obeyed.
- We will bring a positive attitude and a willingness to learn.
- We will provide a successful and safe space for all youths.

*(B.U.M.P enforces a strike system. The first breach in the code of conduct will elicit a warning from a facilitator, the second a conversation with a supervisor, and upon the third breach, parents/guardians will be contacted. Following that, participants who breach the code of conduct at B.U.M.P or are reported for misconduct at school or legally **may** be excluded or withdrawn from the program).*

Signing below means you *and* your child have read and agreed to the Code of Conduct above.

Date: _____ (DD/MM/YYYY)

Parent/Guardian Signature: _____

Participant Signature: _____

BROTHERS UNITED MENTORSHIP PROGRAM

Photo/Video Acknowledgement & Parent/Guardian Consent Form

Parent/Guardian Consent and Acknowledgement

I, _____, the parent/guardian of _____

(parent guardian name) (participant's name)

Understand that video(s) and/or photograph(s) will be taken of the children participating in the Program to be used by the BUMP for the purpose(s) checked below:

- ☐ – Promotion of B.U.M.P events and/or programs
- ☐ – Staff training for internal purposes
- ☐ – Assessment and evaluation of B.U.M.P services

I understand that video(s) and/or photographs(s) will be published as checked below:

- ☐ – Will be duplicated and published on hard copy flyers, pamphlets, newsletters, calendars, etc.
- ☐ – Will be published only to B.U.M.P personnel for training purposes
- ☐ – Will be published on public websites or to the broader public through various media types (DVD, digital media, etc.)

Please check one of the boxes below.

- ☐ I DO consent to the participation of myself or my child in video(s) taken of the Program, use of mine or my child's photograph/visual likeness.
- ☐ I DO NOT consent to the participation of myself or my child in video(s) and/or photographs(s) taken of the Program, use of mine or my child's photograph/visual likeness.

BROTHERS UNITED MENTORSHIP PROGRAM

I hereby acknowledge that all rights, titles, and interests in the video(s) and/or photograph(s) in which I or my child have participated are original works and belong to the Brothers United Mentorship Program. I further acknowledge that the said video(s) and/or photograph(s), its titles, and all other constituents were prepared under the direction or control of the Brothers United Mentorship Program.

Print Name of Parent/Guardian:_____

Signature of Parent/Guardian:_____

Date:_____ **(DD/MM/YYYY)**