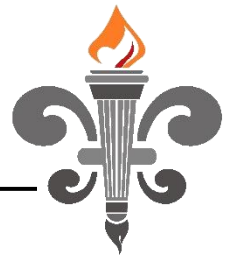


HEROES OF NEW ORLEANS



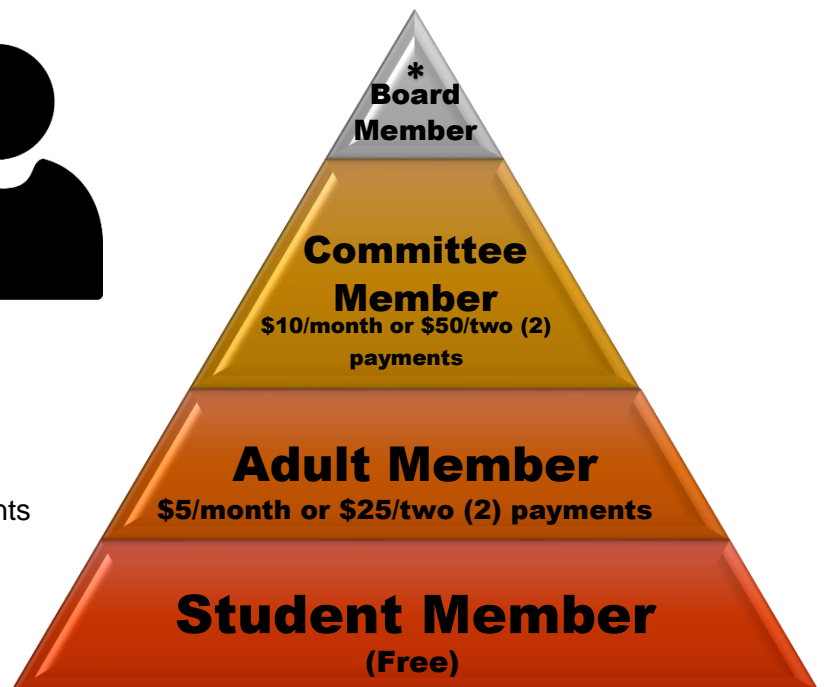
3712 Herschel Street ♦ New Orleans, LA 70114
(504) 858-9942
www.heroesofnola.org

Membership Application Form

The mission of Heroes of New Orleans is threefold:

1. To engage youth in various programs and activities while allowing them to interact with the everyday “heroes” in our community including business leaders, motivational speakers, celebrities, political figures and concern citizens that are compassionate about youth success.
2. To empower youth, families and senior citizens through proper mentorship, support programs and community-building activities to encourage positive social redevelopment of neighborhoods.
3. To provide a rich array of services within a community-based system of care that will enable children and adolescents to achieve positive outcomes.

In collaborating with Heroes of New Orleans (HONO), we seek to engage new members that assist with building on our existing outreach activities to more deeply engage constituency in its family-led movement towards community empowerment.



** Undisclosed Information*

Membership Benefits Include:

- Member Discounts to Certain Events
- Personal Invitation to All Social Events
- Newsletter
- Opportunities for Professional Development, Career Training, Leadership Roles, Community Service
- Heroes of New Orleans Gear (tote bags, wristbands, shirts, etc.)
- Field Trips
- Study Aids and Assistance
- Seminars and Conferences
- Support Group Meetings
- ID Card
- Notifications of Events and Services
- Annual Report



Student Membership

Student's Name: _____

Student prefers to be called: _____

Birth Date: _____

School: _____ **School Grade:** _____

Student's Primary Caregivers: _____

Mailing Address(es): _____

Phone Number(s): _____

Email addresses: _____

Note: Communication about youth group events will often be done by email. Please list emails that you check on a regular basis.

Student's email address: _____

Student's Cell Phone # _____

In Case of Emergency, please contact _____

at _____

PHOTO RELEASE:

Heroes of New Orleans has a website and social media pages where photos and videos from youth events are periodically published. We also have bulletin boards and informational material where we sometimes post photos from events. It is Heroes of New Orleans' policy that photos of children are never published with names or other identifying information.

Initial one:

_____ **Yes**, you can use pictures and videos of my child. I hereby give Heroes of New Orleans, the permission to use my child's likeness in photographs, video, and other media in any and all of its publications, including bulletin boards and website entries. I waive any right to royalties or other compensation arising or related to the use of the photographs or videos.

_____ **No**—please do not print or publish photos of videos of my child online or in community-related publications.





GENERAL RELEASE:

I/We hereby grant permission for my/our student _____ to be a member of the Heroes of New Orleans' youth programs and to participate in activities arranged by the HONO Team in this regard from time to time. We recognize the importance of the commitment that he/she makes and that their participation as a part of a larger community calls for responsible behavior. Therefore, I/we agree that if this student engages in behavior which, in the judgment of the adult leaders, is not in the best interest of the trip or event, our/my student or any member of the group may, therefore, be sent home.

I/We will assume full legal and financial responsibilities for any such expenses outside of those budgeted for the program in the event of any destructive or unlawful damage is to occur by my child.

I/We hereby release from any liability Heroes of New Orleans and all of its personnel, employees, adult leaders and representatives from any claims for unintended or unexpected accidents which might occur during participation in youth group events or traveling to or from said events. In granting this permission and release,

I/We specifically recognize that my child may from time to time be transported to events by private vehicles operated by advisors or volunteers not as agents, employees or representatives. In such regard,

I/We specifically release and will hold harmless Heroes of New Orleans, their officers, employees, agents and representatives from any and all liability which may arise as a result of such transportation whether or not organized by Heroes of New Orleans.

_____ has my permission to go on all field trips and to all events with Heroes of New Orleans from August 1, 2019 to May31, 2020 unless I specify otherwise in writing.

Note: Caregivers will be notified in advance about the dates and destinations of all trips.

Signature of Student

Date

Signature of Parent / Guardian / Caregiver

Date



HEROES OF NEW ORLEANS



Adult Membership Form

First Name: _____ MI: _____ Last Name: _____

Gender: Male Female Career Field: _____

Date of Birth: _____

Partner/Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Please review qualification criteria and fees for the following:

Enclosed is \$ _____ as a membership fee, of which an additional charge of \$ _____ will be charged each (month / year).

Please take care of my membership dues by:

- Billing Me
- Charge Monthly
- Charge Yearly
- Charge Biannually

Billing Email Address: _____

Billing Physical Address: _____

Method of Payment:

- CASH
- CHECK
- VISA/MASTERCARD/DISCOVER/AMEX
- PAYPAL

Name on Credit Card: _____

Credit Card Number: _____ Expiration Date: _____

Would you be interested in donating to the HONO Youth Scholarship Fund at this time? (Scholarship fund supports HONO Student Members in their effort to obtain a higher education)

- \$5
- \$10
- \$25
- \$50
- \$100
- Other Amount: \$ _____

I accept membership into Heroes of New Orleans and that the standards are limited to persons of good moral character and reputation. I recognize the importance of rendering personal service to my community in cooperation with other civic-minded persons. I understand that membership is not valid until receipt of payment.

Signature: _____

Date: _____