"It is easier to build strong boys than to repair broken men

Hello Mentors,

First, I'd like to thank each of you for your contributions in time, hours and love for the boys in our communities. I hope you know the impact you will create and the personal relationships fostered thru the seeds planted by your involvement in the ***Boys Day Camp***. ***PRICELESS!***

So, as a reminder, we will meet perhaps 2x/month for general meetings and camp activities will rotate throughout the Denver metro area during one of the months below. You are committing only 1x/month and hopefully beyond if you have the time.

The first camp installment will commence on Saturday, June 10th, 2017 @ 8:00 am, and the others are ***tentatively*** scheduled as follows:

- June 24th, July 8th, July 27th
- August 5th, August 19th ***(all dates are subject to change)***

As you know, many of these boys will come from female, single parent households, therefore, our focus is to Mentor and guide these young boys into becoming active, healthy productive people; with each of your backgrounds, skills and experiences, these boys will receive a day filled with love, support and long time friendships.

If for some reason you may feel uncomfortable during your work with the ***Boys Day Camp***, please do not hesitate to bring it to my attention, we also want you to have a pleasant experience while giving back.

In your packet you have a flyer, Mentor thank you letter and camp list. If you'd like to donate in a monetary or in-kind way, please, let's sit and discuss how we can make that happen.

Again, thank you and we'll see you soon.

Your Brother,

Morisse Luckey

Founder

MENTOR WAIVER FORM

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS.

THIS RELEASE AND WAIVER OF LIABILITY (the "Release") is given on this ____day of _____, _____ by _____("Volunteer") in favor of Boys Day, and its directors, officers, employees, office of the CEO - Boys Day, individual or entity, and collectively and agents, and the heirs, executors, personal representatives, successors and assigns of each of them Boys Day.

Volunteer desires to work as a volunteer with the JBoys Day and to engage in the other activities related to being a volunteer. Volunteer understands that these activities may include tryouts, games, practices, general events and any other projects that may arise

Volunteer does hereby freely, voluntarily, and without duress, give this Release under the following terms:

1. **Waiver and Release.** Volunteer does hereby release and forever discharge and hold harmless each of the Boys Day from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's activities with respect to the Project and does covenant not to sue any of the Boys Day with respect to such matters.

Without limiting the generality of the foregoing, Volunteer understands and agrees that this Release discharges each of the Boys Day from any liability or claim that Volunteer may have against any of them with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's activities with respect to the Boys Day, whether caused by the negligence of the Boys Day or otherwise. Volunteer also understands and agrees that the Boys Day does not assume any responsibility for or obligation to provide financial assistance or any other assistance in the event of injury or illness.

2. Medical Treatment. Volunteer does hereby release and forever discharge the Boys Day from any claim whatsoever which arises on account of any first aid, treatment or service rendered in connection with the Volunteer's work with the Boys Day.

3. Assumption of the Risk. Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities, whether caused by the negligence of the Boys Day or otherwise.

4. Insurance. Volunteer understands that the Boys Day does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.

Each Volunteer is strongly encouraged to have adequate medical or health insurance coverage in effect.

5. Media/Photographic Release. Volunteer does hereby grant and convey unto the Boys Day all rights, title, and interest in any and all photographic images and video or audio recordings made by the Boys Day during the Volunteer's activities with respect to the Project, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Other. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, all of which shall continue to be enforceable.

Medical Conditions/Allergies/Special Needs and information (allergies, conditions, dietary needs, medications, behavioral issues, etc. to be aware

_____

_____

Date of last Physical _____ Date of last Tetanus shot _____

Emergency Contact

Name of additional person who you authorize to assume medical responsibility for your child in the event you can not be reached, and who are also authorized to pick up your child:

Name:_____ Relationship to child/adult: _____

Home Phone: _____ Cell phone: _____

PARENTAL PERMISSION (Under 18)

In consideration of the opportunity afforded my (our) child to assist on a voluntary basis with the Boys Day, I (we) give my (our) permission for my (our) child to participate with the Boys Day and I (we), on behalf of my (our) child and myself (ourselves) agree to the terms and conditions set forth on the reverse side of this page such that all recitals, acknowledgments, understandings, releases, waivers, discharges, assumptions of risk, grants, conveyances and other agreements of Volunteer so set forth shall be binding upon me (us) and my (our) child with respect to the participation of my (our) child with the Boys Day. Without limiting the generality of the foregoing, I (we), on behalf of my (our) child and myself (ourselves), do hereby release and forever discharge and hold harmless each of the Boys Day from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my (our) child's activities as a volunteer with respect to the Boys Day.

Signed this _____ day of _____

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first written above.

Witness: _____

Mentor: _____

Address: _____

_____

Phone (H) _____

Phone (W) _____

Parent Name (print) if applicable: _____ (for children under 18)

CONFIDENTIAL
Background Check Authorization

Print Name:
First _____ Middle _____Last_____
Former Name(s) _____ Dates Used: _____
Current Address _____ Since: (Mo/Yr) _____
(City)_____ Zip _____ State_____
Previous Address: _____ Since (Mo/Yr)_____
(City)_____ Zip _____State _____
Social Security Number: _____ DOB: _____
Telephone Number: _____Drivers License Number/State: _____
Email Address _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize and its designated agents and representatives to conduct a comprehensive review of my background causing an investigative consumer report to be generated for employment and/or volunteer purposes.

I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

All information is held confidentially.

Signature: _____ Date: _____