



GIRL
Be  You   iful

Mentorship Program



About Girl Be*YOU*tiful



Our Mission & Values:

The mission of Girl BeYOUtiful is to build a foundation of healthy self-esteem, confidence and self-image in girls in grades 4 – 8. Through engaging activities, educational field trips and a Christian-based doctrine, we aim to nurture these young ladies to live a God-centered life.

Song of Solomon 4:7

You are altogether beautiful, my darling, beautiful in every way.

Dear Parent,

We are thrilled to embark on the important work of community building through our children. Ebenezer Baptist Church is the oldest African-American Church in the City of Virginia Beach. For more than 159 years, we have been spreading the love of Jesus Christ in the Hampton Roads Area. Known as “The Church that Reaches Out,” we have formed important partnerships with our area stakeholders to foster a community-minded doctrine. Our programs seek to continue to grow our partners and contribute to the health and wellness of our community at-large.

ABOUT THE PROGRAM

We believe that every girl contains the potential to become leaders of change within their community, with a God-centered approach given access and opportunity. Girl BeYOUtiful has three important aims:

1. To build a foundation of positive self-esteem and self-awareness
2. To develop leadership skills in the school, community, and church home
3. To create excitement about living a God-centered lifestyle

Girl BeYOUtiful offers a program that focuses on helping girls build leadership skills like self-reflection, critical thinking, sound decision-making, goal setting, effective communication and personal accountability. As a result, Girl BeYOUtiful girls will develop a true sense of their personal power and demonstrate amazing outcomes!



PROGRAM OVERVIEW

Ebenezer's **Girl BeYOUtiful** is a girl-only, safe space gathering that meets once monthly on Saturdays. Each session features a guided conversation/activity based on a topic/theme. Topics include school, family relationships, Christianity, bullying, self-esteem, academic excellence, careers, goal setting and other topics the girls identify as pressing issues for the group.

Girl BeYOUtiful will address the interconnectedness of poverty, low academic achievement, and lack of self-esteem by working with the girls during these critical pre-teen years as they are learning the significance of making personal choices and how it affects their lives. We will build leadership skills and character traits such as integrity, sound decision-making, effective communication, and inclusivity. Through goal setting, our girls will work toward tangible objectives and celebrate their progress along the way. These skills are essential to success in school, work and life.

Additional program elements include annual college tours, community field trips, guest speakers, and many other unique components.



Program Application

Ebenezer Baptist Church
965 Baker Road, Virginia Beach VA 23455
www.ebcvaworship.org/girl-beautiful

Personal Information

Participant's Name: _____ Age: _____ Date of Birth: _____

Address: _____

Parent/Guardian Name: _____ Phone: __ (____) _____

Relationship to Applicant: Mother () Father () Other, Specify: _____

Email Address: _____

Name of School: _____ Grade: _____

Emergency Contact Information

In the event that a parent/guardian cannot be reached, please list person(s) to contact in case of an emergency. Must list at least two emergency contacts.

Name	Relationship to Applicant	Phone



Ebenezer Baptist Church
965 Baker Road | Virginia Beach, VA 23462

RESPONSIBILITIES AND EXPECTATIONS

Because I (we) understand that the overarching purpose of this mentorship program is to serve God and others, I commit myself (my child) to the following guidelines:

I fully agree and commit while a participant of this program and while on any trip or activity sponsored by EBC Girl BeYOUtiful:

1. To behave always in a way that brings honor to Christ, the church, and my family. (Phil 1:27)
2. To follow instructions from adult supervisors without complaining or arguing. (Phil 2:14)
3. To be considerate of others and display appropriate manners at all times to all people. (1Pe. 2:13)
4. To adhere to the dress code.
5. To follow additional rules and instructions that may be specific to a certain trip or activity.

This commitment is intended for the greater good of the group as well as the individual, and is intended to be exercised by all concerned in the spirit of Christ.

THIS FORM MUST BE SIGNED BY BOTH PARENT/GUARDIAN AND PARTICIPANT.

Printed Name of Parent or Guardian: _____

Signature: _____ Date: _____

Printed Name of Participant: _____

Signature: _____ Date: _____



PARENTAL PERMISSION AND MEDICAL AUTHORIZATION FORM

Participant Name: _____ Participant Birth date: _____
Street Address: _____ Primary Phone Number: _____
City, State & Zip: _____ Cell Number: _____

I give permission for my child (named above) to attend all supervised events, field trips, and service projects associated with Ebenezer Baptist Church except as noted:

I hereby give permission for my child to be transported to and from events by hired and volunteer drivers authorized by Ebenezer Baptist Church. I further acknowledge that such transportation is voluntary and at her own risk.

Medical Release

In the event of an emergency and I am unable to respond, I authorize the mentors or staff of Ebenezer Baptist Church, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical/dental treatment and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care, under the supervision and upon the advice of a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act, for my child. I understand that I am responsible for payment of any such treatment.

Custody Release

I further authorize the leaders of Girl BeYOUtiful to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

Photo Release

I also give permission to photograph and record (digitally and analog) my child and to use his/her image and sound prints in promotional materials for Ebenezer Baptist Church.

Liability Release

I release Ebenezer Baptist Church, its staff, representatives, or Girl BeYOUtiful volunteers of all liability of injury, death, or other damage to me, my child, family, estate, or heirs that may result from my daughter's participation in the program, including but not limited to transportation, and hold harmless Ebenezer Baptist Church, its staff, representatives, and Girl BeYOUtiful volunteers, both collectively and individually, of any injury, physical or emotional.

Removal from the Program

I agree to have my child follow all of the mentoring program guidelines and understand any violation on my child's part may result in removal from the program.

By signing below, I attest to the truthfulness of all information contained on this registration form and agree to all the above terms and conditions.

Signature of Parent or Guardian: _____

Printed Name of Parent or Guardian: _____

Date: _____

EMERGENCY CONTACT INFORMATION

Participant Name: _____

Parent(s)/Guardian(s):

Name(s):	Address:	Primary & Secondary Phone Number:

Other Emergency Contact(s) (list at least 2)

Name(s):	Relationship to Participant:	Primary & Secondary Phone Number:

HEALTH CARE INFORMATION: Information provided on this form will be kept strictly confidential and only shared with appropriate volunteer staff and medical providers.

Physician:

Name: _____ Phone: _____

Medical Insurance Company: _____

Policy /Group Number: _____ Name of Policy Holder: _____

Dentist:

Name: _____ Phone: _____

Dental Insurance Company: _____

Policy /Group Number: _____ Name of Policy Holder: _____

Please list any allergies to drugs, foods, plants, insects, etc.:

Please list any prescription medication to be taken by the participant (including what it is taken for, when it is to be taken, dosage information, and any special procedures):

Please list any non-prescription (over-the-counter) medication you do NOT want dispensed to your child:

Please list any additional information relevant to participating in youth activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; mental health concerns, learning disabilities, any restrictions, etc.):