



FOR YOUTH & FAMILIES

I want to register for Champions of Hope!



CENTERS FOR YOUTH AND FAMILIES CHAMPIONS OF HOPE REGISTER TODAY TO BE A CHAMPION!

**Are you a young man in 11th or 12th grade?
Register for the Champions of Hope program!**

- You will participate in a leadership, service and philanthropy program from fall to spring each year
- You will help vulnerable children and families in Arkansas with a commitment of \$1,500 that can be gifted or fundraised (partial scholarships are available)
- You will join with peers from surrounding schools to earn volunteer service hours
- You will be recognized at The Evolve Gala that benefits The Centers
- You will be featured in Inviting Arkansas and on Lamar Advertising billboards in central Arkansas.
- Limited to 40 Champions with applications accepted on a rolling basis until the end of August.



For more information or to apply for
the Champions of Hope Program,
visit www.cfyf.org or
501.666.9436

Be part of changing lives of more than
3,500 children, youth and adults who
journey from trauma to healing with
support from The Centers.





Champions of Hope Registration for 2021-2022 class

Thank you for your interest in Champions of Hope! You will join up to 40 other young men in 11th or 12th grade in a unique leadership, philanthropy and service program hosted by Centers for Youth and Families.

Highlights of Champions of Hope

- Engage with community leaders and elected officials
- Join with your peers to earn service hours
- Earn a certificate of accomplishment and recommendation letters
- Learn how to fundraise to help others in need
- Learn needs of children and families in your community
- Be recognized for your service at The Evolve Gala
- Awards at The Evolve Gala are the Champions Choice Award, the Champion of the Year and The Champion of Hope Difference Maker
- Champions receive a T-shirt and three complimentary tickets (value \$450) to The Evolve Gala benefiting Centers for Youth and Families, scheduled to be held on April 9, 2022.

Champions must:

- Be junior or seniors in high school
- Commit to participating in 50% of the scheduled activities
- Complete a gift commitment of \$1,500 to be given or raised to benefit boys and girls served by The Centers. **A deposit of \$250 is required by September 1, 2021. The entire commitment must be gifted by April 1, 2022.**

All gifts are invested in programs that enable boys and girls to overcome trauma and abuse and create pathways to success. The Centers' will provide support for fundraising activities.

COVID-19 precautions during Champions of Hope

- Champions will wear face masks except when eating and drinking or when social distancing is possible.
- The Centers will host activities in locations where social distancing is possible.
- Some activities may be held by videoconference if necessary.
- The Centers' staff will wear face masks except when eating and drinking.
- Champions will be screened and complete temperature checks at each session.
- Champions may be asked to sign up in advance for sessions if space is limited.
- Meals will be individually-wrapped and catered by The Centers' kitchen or local restaurants.
- Hand sanitizer will be provided at each session.
- The Centers will modify program safety and protocols as needed due to COVID19.
- The Centers uses a disinfecting misting machine daily in all locations and contracts with a cleaning service that uses EPA recommended products.

Have questions? Call Melissa Hendricks, Foundation Director, 501-666-9436, or email mhendricks@thecentersar.com.



Champions of Hope application

To be considered complete everything with an * must be filled in. You will be notified when your application has been processed.

First Name (preferred)*		Last Name*		M.I.	Birthdate*	
Street Address (inc. Apt#, if applicable)*						
City*		State*	Zip*	Champion Phone #*	Champion Email*	
High School*			Location (City)*		Grade*	T-shirt Size*
Guardian 1 Name*			Guardian 2 Name			
Guardian 1 Cell*			Guardian 2 Cell			
Guardian 1 Email*			Guardian 2 Email			
Guardian 1 Employer			Guardian 2 Employer			
Champion of Hope Applicant Name (legal)*			Signature*		Date*	
Parent/Guardian Name*			Signature*		Date*	

**Centers for Youth and Families Foundation Champions of Hope
Authorization to Photograph, Video Tape, and/or Audio Tape or to Observe**

Name: _____ * **Date of Birth** _____ *

Permission is hereby granted for the following activity(ies) in regard to the above named client (initial all that apply):

____ Photographing* ____ Video-taping* ____ Audio-taping* ____ Use of photograph in publication*

This permission is given to Centers for Youth and Families Foundation for the purpose(s) of promoting the Champions of Hope program.

_____* _____* _____* _____*
Signature of Parent/Guardian Date Signature of Champion of Hope Date

CONFIDENTIALITY STATEMENT

I, the undersigned visitor at Centers for Youth and Families, am aware that client privacy is protected by the Health Insurance Portability and Accountability Act. This law specifically forbids me from disclosure of information gained as a result of my visit to The Centers. This confidentiality covers anyone I may see or information I may learn about any client during my visit here.

I confirm that the photographs, video-taped images or audio-tapes will be used only for the purpose identified above.

_____* _____* _____* _____*
Signature of Champion Date Signature of Parent Date

REVOCATION OF AUTHORIZATION

This authorization may be revoked by notifying Centers for Youth and Families in writing addressed to: Centers for Youth and Families, Attention: Client Records Department, P.O. Box 251970, Little Rock, AR 72225-1970. Protected health information may already have been disclosed before the revocation is received. If so, the revocation will be effective only as of the date it is received by Centers for Youth and Families.



Centers for Youth and Families Champions of Hope Financial Commitment

The total gift commitment of the Champions of Hope program is \$1,500, invested in changing the lives of children and youth served by programs at The Centers. A \$250 deposit is due by September 1, 2021. The remaining balance of \$1,250 must be paid in full by April 1, 2022, or paid by monthly installment through a bank draft.

Automatic draft payments will be:

- Deposit of \$250 by September 1, 2021
- \$250 October 15
- \$250 November 15
- \$250 December 15
- \$250 January 17
- \$250 February 15

_____ I will fundraise the gift commitment. Please contact me for more details .

I will complete the pledge of \$1500 to the Centers for Youth and Families Foundation by April 1, 2022.

Signature _____ Date _____

Centers for Youth and Families
AUTOMATIC DEDUCTION AUTHORIZATION FOR CHAMPIONS GIFT COMMITMENT DRAFT

Company Name _____ Contact Name _____ *

Address _____ *

City/State _____ * Zip Code _____ *

Phone _____ * E-Mail _____ *

Gift Information:

Pledge Amount \$ 1500 Monthly Deduction Amount \$ 250 *

15th of every month*

Bank Name _____ *

Bank Location _____ *

(City) (State)

Type of Depositor Account:*

Checking (Attach a voided check) Savings (Attach a voided deposit slip)

Bank Transit #: _____ * Account #: _____ *

AUTHORIZATION FOR AUTOMATIC DEDUCTION

I authorize Centers for Youth & Families to withdrawal funds from my account

Customer Signature _____ * Date _____ *

Provide a VOIDED check/deposit slip

Your Name _____
Address _____

Pay to the order of _____

VOID

6789123456789-123456789 _____



Centers for Youth and Families
Sponsorship Commitment for Champions of Hope (if you have a financial sponsor)

Champions of Hope sponsors complete a financial contract so we can invoice or draft their gift payments appropriately and provide sponsors with the correct charitable donation credit.

If you have a financial sponsor, please provide the following:

Champion of Hope Name: _____

Sponsor Name: _____

Address: _____ City _____ State _____ Zip Code: _____

Total Sponsorship Commitment \$ _____ which will be paid by: _____

_____ Automatic Draft from October to April. Enclose a voided check from the account which you wish to be drafted.

_____ I will complete the pledge commitment by April 1, 2022.

Signature: _____ Date: _____

Contact Melissa Hendricks, Foundation Director, at 501-666-9436 or mhendricks@TheCentersAR.com with any questions.