

Project Seven

CENTER FOR LEADERSHIP

Helping Great Kids Become Great Leaders

Mission: Our mission is to foster leadership skills, complete community service projects, and to facilitate interaction/mentorship with local businesspersons and leaders for children ages 10 through 18.

Vision: The vision of Project Seven is to create a season-long (September through May) program designed for students who want to participate in service-learning projects, build leadership skills, partake in workshops offered in hobbies/potential career paths/self-awareness, and/or engage in mentoring. There is no cost for participants, and it is open to all youth, whether or not they are current students of Studio Seven.

Goals:

1. Assist children and young adults in developing leadership skills/goal achievement through hands-on learning opportunities.
 - A. **Goal Setting:** When participants begin the program, they will fill out a form detailing a specific goal that they would like to accomplish, and how they plan on achieving it. This goal can be decided with the help of family/friends, Project Seven, or their mentor, if they choose to participate in that facet of the program. This worksheet will be reviewed periodically throughout the duration of the season.
 - B. Provide participants with opportunities to share their success/areas for growth with fellow participants at mid and post-season presentations.

2. Create service-learning projects for participants to discover how they can make a difference in their communities.
 - A. Participants will partner with a local organization that they will be required to volunteer with for the duration of the season. They will be required to volunteer a minimum of 15 hours, and will make a presentation about the organization at the end of the season.
 - B. Participants will fill out a questionnaire based on their interests, and will be given suggestions as to which organization would be a good match. Project Seven will then coordinate communication between the selected organization and the participant, and monitor the progress of the relationship throughout the course of the season.

3. Offer workshops every other month on various topics targeting individual interests as well as self-awareness (i.e., photography, healthy body image, featured professions).

4. Partner with local leaders/business professionals in a mentorship program.
 - A. Mentorship is an optional component of the program, and is not required.
 - B. Project Seven will utilize the same questionnaire that will be used for the service learning projects to gain a better understanding of what program participants are interested in, and what their potential career goals are. Participants and mentors will be paired based on the respective responses to the questionnaire.
 - C. Communication will be required monthly, at minimum, can be verbal or written, and must be conducted in the presence of the participant's parent or guardian. In-person meetings may be conducted at Studio Seven, where a parent or guardian must be present.



2022-2023 Program Registration Form

Participant First Name: _____ Last Name: _____
Birth Date: _____ Allergies: _____
Home Address: _____
City: _____ Zip Code: _____
Emergency Contact First Name: _____ Last Name: _____
Relationship to Student: _____ Phone: _____
E-mail (REQUIRED): _____

The following agreements, releases, and waivers pertain to persons participating in ' classes and other activities. PSCL is interchangeable with Project Seven Center for Leadership, and SSCCS is interchangeable with Studio Seven Center for Creative Studies.

ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY

I, as parent (please print name) _____
OR as legal guardian of (print name of student) _____

I hereby consent to the aforementioned person participating in Project Seven Center for Leadership's classes and activities. I hereby forever release, discharge and hold harmless PSCL, Project Seven LLC, SSCCS, and Studio Seven LLC, its owners, shareholders, members, managers, directors, officers, employees, independent contractors and instructors from any and all liability for any and all damages and injuries suffered by the above student, while under the supervision, instruction, or control of PSCL, SSCCS and/or that relate to in any way to the student's participation in any activities offered by SSCCS . As legal guardian of the above mentioned student, I hereby agree to individually provide for the possible future medical expenses, which may be incurred by the above student as a result of any injury sustained participating in activities sponsored by or associated with PSCL and/or SSCCS. This acknowledgment of risk and waiver of liability having been read thoroughly and understood completely is signed voluntarily to its content and intent.

I Have Thoroughly Read and Understand Completely the Policies and Liabilities As Listed Above

Signature of Parent/Legal Guardian _____ Date _____

PERMISSION TO TREAT (OPTIONAL)

I hereby give permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence.

Signature of Parent/Legal Guardian _____ Date _____

APPEARANCE RELEASE

I understand that as a participant in PSCL, and related activities , I may be or the minor (student) may be included in recordings or photographs taken during these activities.

The minor's (student's) face, likeness, voice, and appearance as a part of these activities may be used in advertising and promoting Project Seven Center for Leadership and/or Studio Seven Center for Creative Studies.

Therefore, without reservation or limitations, I, on my own behalf and on behalf of the minor (student), hereby assign, transfer, and grant to Project Seven Center for Leadership and/or Studio Seven Center for Creative Studies, its successors, assignees and all other commercial exhibitors the right to photograph and/or the exclusive right to videotape the minor.

Signature of Parent/Legal guardian _____ Date _____

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PARTICIPANT NAME: _____ AGE: _____

SCHOOL: _____ GRADE: _____

TELL US A LITTLE ABOUT YOURSELF!

DO YOU HAVE ANY PETS? IF SO, WHAT ARE THEY? WHAT ARE THEIR NAMES? _____

WHAT IS YOUR FAVORITE SUBJECT IN SCHOOL? _____

WHAT ARE SOME OF YOUR FAVORITE HOBBIES OR ACTIVITIES? _____

IF YOU HAD A SUPERPOWER, WHAT WOULD YOU CHOOSE AND WHY? _____

IF YOU HAD ONE WISH, WHAT WOULD IT BE? _____

WHAT WOULD YOU LIKE TO BE WHEN YOU ARE AN ADULT? _____

IF YOU HAD A MILLION DOLLARS, HOW WOULD YOU SPEND IT? _____

IF YOU COULD DO ONE THING BETTER, WHAT WOULD IT BE? _____

WHAT THREE THINGS ARE YOU MOST GRATEFUL FOR? _____

WHAT MAKES SOMEONE A GOOD LEADER? _____

S: SET A GOAL

What would you like to accomplish?

E: ESTIMATED TIME

How long do you think it will take to accomplish your goal?

V: VISION

What steps do you need to take to accomplish your goal?

E: END RESULT

What would accomplishing your goal look like to you?

N: NEXT STEPS *(to be completed at the end of the program)*

What would you like to do with the skills that you have learned along the way?