



ROPAW J-Man Application

Weekend Dates: Thursday, April 16, 4:00 pm to Sunday, April 19, 2020 3:00 pm

Homecoming Ceremony (Asheville, NC): Sunday, April 26, 2020. 3:00 pm – 6:00 pm

Each ROPAW is has a limited enrollment of 10 J-men staffers. Staffing as a J-man is a privilege that must be earned. In order to staff, each J-man must complete the following requirements, without exception: 1) Must have completed the ROPAW as an initiate, 2) Must have completed at least 6 hours of volunteer community service in the 5 months prior to the current ROPAW, 3) Must have helped facilitate at least 2 Journeyman In-groups in the prior 8 months to current ROPAW. (For young men 18 years of age or older they must complete the Staff Application!)

J-Man Information:

First Name _____ Last Name _____ Nickname _____

Date of Birth _____ Current School _____ Grade _____

Parent or Legal Guardian Information:

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Parent or Guardian Cell _____

Parent or Guardian Email address _____

Please complete and return all of the following forms:

1. Application form (this page)
2. Agreements (page 2)
3. Confidential Medical Questionnaire (page 3)
4. Consent Disclaimer (page 6) (optional)
5. Release and Acknowledgement of Risks (page 7)

Please return these forms via email, fax or US mail to:

Email: JourneymanAsheville@gmail.com OR JourneymanRegistrar@gmail.com

Fax: 828.539.4082

Mail: PO Box 7125, Asheville, NC 28802

J-Man Staffing Fees:

The J-Man staffing fee is \$50, and can be paid either online or by mail. The deadline for payment is Friday, April 10, 2020. Refunds will be provided for cancellations on or before April 10, 2020. Refunds are not provided for cancellations after April 10, 2020. **Please send ROPAW J-Man staffing fee either by mail to PO Box 7125, Asheville, NC 28802, or online at www.journeymanasheville.org/ropaw. Please make checks payable to "Journeymen."**

Parent/Guardian Print Name _____

Guardian/Parent Signature _____ Date _____

For Internal Use Only:

Forms check Transport Medical Special _____



Agreements

I understand that _____ (hereinafter "J-Man") will spend the ROPAW weekend in the company of 10 to 15 J-Men like himself, and roughly 20 to 30 experienced male adults, who have been fully vetted and their backgrounds checked.

J-Man agrees to the following:

1. To commit to remain for the duration of ROPAW (4:00 pm Thursday to 3:00 pm Sunday),
2. To participate to best of his ability in all processes and tasks, and
3. To hold confidential all processes and their contents.

I hereby give my permission for J-Man to participate in The Journeyman Rites of Passage Adventure Weekend.

Parent/Guardian Print Name _____

Parent/Guardian Signature _____ Date _____

My Commitment: (J-Man please initial where appropriate and answer below)

_____ As a J-Man I agree to staff the Fall 2019 Journeyman ROPAW from Thursday, April 16 through Sunday, April 19 at Sacred Mountain Sanctuary in Candler, North Carolina.

_____ I agree to arrive at Sacred Mountain Sanctuary on Thursday, April 16 by 4:00 pm and to participate until Sunday, April 19 at 3:00 pm.

_____ I volunteer to stay until 5:00 pm on Sunday, April 19 to assist with final clean up, inventory, and packing.

_____ I agree to attend the Homecoming Ceremony in Asheville or Cary to welcome the new initiates back into the community on the following Sunday, April 26.

My intention for participating and staffing in ROPAW as a J-Man is:



Confidential Medical Questionnaire (to be filled out by a parent or legal guardian)

For purposes of this form your son, foster child or adolescent boy of whom you have legal custody is hereinafter referred to as "Participant". In order to acquaint our staff with your Participant's medical needs, we require that you complete this Confidential Medical Record. If your Participant becomes ill or injured during the weekend you are authorizing us to share this information with medical personnel. Otherwise, all information will be kept strictly confidential. Please complete every item in every section. Mark N/A if any section is not applicable. If you are mailing this form to us, please keep a photocopy.

General Information:

Participant Full Name _____

Physician's Name _____ Phone _____

Does your Participant have health insurance? Yes _____ No _____

Insurance Company _____ Phone _____

Policy Number: _____ Expiration Date: _____

Emergency Contact Information:

Emergency Contact Full Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

1. Does your Participant have any medical or physical conditions that would affect his participation in ROPAW?

2. Do your Participant have any emotional or psychological concerns that need to be addressed?

3. In case of medical emergency please list specific instructions:

Medical History:

1. Has your Participant ever been hospitalized? Yes No
2. Do you have, or have ever had, any of the following conditions or symptoms? Please check any that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> Frequent Fainting |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Obesity | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Broken Bones | <input type="checkbox"/> Eating Disorders |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Neck or Back Problems | <input type="checkbox"/> Thyroid Problems |
| <input type="checkbox"/> Elevated cholesterol | <input type="checkbox"/> Joint Problems | <input type="checkbox"/> Endocrine or Gland Problems |
| <input type="checkbox"/> Irregular Heartbeat | <input type="checkbox"/> Muscle Cramps | <input type="checkbox"/> Unexplained weight loss |
| <input type="checkbox"/> Family history of heart attack | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Bleeding Disorder |
| <input type="checkbox"/> Circulation Problems | <input type="checkbox"/> Exposure to TB | <input type="checkbox"/> Blood disorder or anemia |
| <input type="checkbox"/> Chest Pain/Pressure | <input type="checkbox"/> Recurrent lung infections | <input type="checkbox"/> Sickle cell disease or trait |
| <input type="checkbox"/> Heart Palpitations | <input type="checkbox"/> Active Hepatitis | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> History of Hepatitis B or C | <input type="checkbox"/> Skin Problems |
| <input type="checkbox"/> Chronic cough | <input type="checkbox"/> HIV Positive or AIDS | <input type="checkbox"/> Special Dietary Needs |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Unexplained Sweating | <input type="checkbox"/> Medical Equipment/Devices |
| <input type="checkbox"/> Ulcers | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Special Physical Requirements |
| <input type="checkbox"/> Intestinal Problems | <input type="checkbox"/> Seizure within past year | <input type="checkbox"/> Psychological/emotional problems |
| <input type="checkbox"/> Heartburn | <input type="checkbox"/> Headaches | <input type="checkbox"/> Other |
| <input type="checkbox"/> Bladder Infections | <input type="checkbox"/> Significant Head Injury | |
| <input type="checkbox"/> Difficulty Urinating | <input type="checkbox"/> Learning Disability | |
| | <input type="checkbox"/> Frequent Dizziness | |

If you have answered "yes" to any of the above items please explain bellow.

Medications:

1. Is your Participant taking any medications (prescription or nonprescription)? Yes No

If yes, please list and describe reasons:

2. Will your Participant require medication during the ROPAW weekend? Yes No

If yes, please list below:

<u>Medication</u>	<u>How much/how often</u>	<u>Current Side Effects</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

3. Does your Participant have any medical allergies? Yes No

If yes, please list: _____

The information provided above is a complete and accurate statement of the physical and psychological factors that may affect my Participant's participation in this Rites of Passage Adventure Weekend (ROPAW). I realize that failure to disclose such information could result in serious harm to my Participant and to fellow participants. I agree to notify Journey Men should there be any changes in my Participant's health status. I authorize Journey Men to release this information to medical personnel in an emergency. I also authorize Journey Men to contact my Participant's physician or therapist to clarify any questions related to my Participant's health. I understand that Journey Men reserves the right to refuse participation to anyone, at their discretion, for medical reasons.

Parent/Guardian Print Name _____

Guardian/Parent Signature _____ Date _____



Consent Disclaimer (this is a voluntary request)

I consent that Journeyman may photograph and videotape parts of the upcoming Rite of Passage Adventure Weekend (ROPAW) in order to promote future Journeyman events. By signing and returning this form I give my consent to Journeyman.

- I agree that I may be interviewed, recorded and photographed by Journeyman or any person Journeyman mandates to that effect.
- I acknowledge that Journeyman has responded to all the questions I asked about ROPAW to my satisfaction.
- I accept that Journeyman may or may not use my name, image and likeness in any verbal presentation, conference, interview and written publication.
- I recognize that Journeyman shall have the exclusive rights to the materials indicated above, including copyrights and proprietary rights, and I assign to Journeyman any right in relation to the materials.
- Journeyman may not assign or transfer, in whole or in part, the rights granted by the present contract.

J-Man Signature: _____ Date: _____

Part to be Completed by the Legal Parent or Guardian

I declare, having parental authority of J-Man who is a minor. The J-Man signs this consent with my authorization. No other consent is necessary to bind the J-Man.

Parent/Guardian Print Name _____

Parent/Guardian Signature _____ Date _____

Release and Acknowledgment of Risks

J-Man Staff Name: _____

Parent/Guardian: _____

ROPAW Date: April 16-19, 2020

In consideration of the services of Journeyman, including all of their officers, directors, staff, leaders, co-leaders, volunteers, affiliates and all persons and entities acting for them or on their behalf (hereinafter collectively referred to as "Journeyman") and the right to engage in this ROPAW Staffing (hereinafter "Staffing") as a participant, I hereby freely and voluntarily agree to release, indemnify, and hold Journeyman harmless on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate, as follows:

I. DISCLOSURE AND ACKNOWLEDGMENT OF RISKS

I understand that the ROPAW ("Staffing") is a personal growth and development course and involves known and unanticipated risks which could result in physical or emotional injury, paralysis, death, illness, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. These risks include, among other things:

- A. The nature of staffing ROPAW itself, which involves:
 - 1. Strenuous and vigorous, physical, mental, emotional, and intellectual activity such as outdoor and indoor games during day or night, role playing (e.g. enactments of past events, feelings or parts of psyche or personality) and exercises and processes which may include or result in physical, mental or emotional stress, distress and fatigue (e.g. facing and overcoming physical, emotional or mental obstacles to the achievement of goals);
 - 2. The potential for death; for injury to skeletal-neuromuscular system (such as strains, fractures, ruptures, bruises, loss of limb or loss of use of limb, paraplegia and quadriplegia), to internal organs, to cardiovascular system (such as elevated blood pressure, elevated pulse, heart attack, aneurysm, hemorrhage or stroke), to eyes or ears (loss of sight or hearing), to body (such as scrapes, scratches, punctures, lacerations) and to mental health (such as depression or retraumatization relating to past psychological history); and
 - 3. The potential for change with respect to such matters as: education, career, job or business; relationships with family, friends, women, youth, co-workers, and behavior in social, personal or school and business settings.
- B. The acts or omissions of Journeyman who may, among other things, be ignorant of any participant's fitness or abilities; misjudge the weather, the elements, or the terrain; or give inadequate instructions, warnings or advice.
- C. Latent or apparent defects or conditions in the equipment or property supplied by Journeyman or other persons or entities as well as the use or operation of such equipment.
- D. Acts of other participants in this training or other persons.

II. J-MAN STAFF UNDERTAKINGS

- 1. I and my representatives expressly acknowledge and agree and promise to accept, all of the risks existing in this training, including those risks listed above as well as those risks not specifically listed above.
- 2. I and my representatives understand, acknowledge and represent that my participation in this Staffing and in every separate part thereof is purely voluntary and I authorize my Participant to participate in spite of and with full knowledge of all the risks. I acknowledge that at all times my Participant will be free to choose to leave the training or to not engage in any part or all of the Staffing.
- 3. I and my representatives hereby authorize Journeyman to take any and all reasonable steps on behalf of my Participant in the case of any physical or other injury, illness or condition my Participant might suffer during ROPAW. In the event of a medical emergency or potential medical emergency, including but not limited to the detoxification of alcohol or any substance, Journeyman will refer the participant to the appropriate level of care and/or treatment center and discharge the participant to the minor's legal guardian. Journeyman is hereby

authorized to apply emergency first aid, engage physicians of any kind, nursing services, ambulance services, paramedic services, or any other service or personnel that in the sole discretion and judgment if Journey Men may be deemed reasonable and necessary for my Participant’s immediate care, health and safety.

4. I and my representatives hereby voluntarily release, forever discharge Journey Men and agree to indemnify and hold Journey Men harmless with respect to any and all liability, claims, demands, or causes of action and damages which arise out of, or are in any way connected with, my Participant’s participation in this Staffing, my Participant’s use of Journey Men equipment or facilities, or the provision by Journey Men of emergency services, including but not limited to claims alleging negligent acts or omissions or medical malpractice.
5. I and my representatives additionally release and forever discharge Sacred Mountain Sanctuary (“SMS”) and agree to indemnify and hold SMS harmless with respect to any and all liability, claims, demands, or causes of action and damages which arise out of, or are in any way connected with, my Participant’s participation in this Staffing, my Participant’s use of SMS equipment or facilities.
6. I agree and promise to indemnify and hold Journey Men harmless from all costs and liabilities, including but not limited to, attorney fees, incurred by Journey Men in connection with claims for personal injury or property damage to staff, other participants, volunteers, spectators or other third parties which arise out of, or are in any way connected with, my participation in this Staffing.
7. I additionally agree and promise to indemnify and hold SMS harmless from all costs and liabilities, including but not limited to, attorney fees, incurred by SMS in connection with claims for personal injury or property damage to staff, other participants, volunteers, spectators or other third parties which arise out of, or are in any way connected with, my participation in this Staffing.
8. In signing this document I fully recognize and acknowledge that if anyone (including myself) is hurt or property is damaged, lost, or destroyed, as a result of my Participant’s participation in this Staffing, I may be found by a court of law to have given up any right I might have to make a claim or file a lawsuit against Journey Men.
9. Should Journey Men or anyone acting on their behalf be required to incur attorney fees and costs in connection with any effort to enforce this agreement as a result of my Participant’s participation in this Staffing, I agree and promise to indemnify and hold them harmless against all such fees and costs.
10. I certify that I have sufficient health, accident and liability insurance to cover costs and expenses of any injury or damage my Participant may suffer or cause while participating in this Staffing. If I have no such insurance I agree to bear all the costs of any and all such expenses and liability.
11. I certify that I have completed the Confidential Medical Questionnaire form required by Journey Men; that I have disclosed each and every physical, emotional or mental condition for which my Participant has received treatment or am currently receiving treatment; that the information I have provided pertaining to my Participant’s physical, emotional or mental condition is complete and true; and that I have complied with the medical requirements of Journey Men. I further certify that my Participant has no medical condition which could interfere with his safety in the training and agree to assume and bear the costs of all risks, liability, claims, demands, or causes of action and damages which arise out of, or are in any way connected with any medical condition my Participant has whether or not I have previously disclosed that condition to Journey Men.
12. I have sufficient opportunity to read and understand this entire document. I have read and understood it. I agree to be bound by all of its terms.

Parent/Guardian Print Name _____

Guardian/Parent Signature _____

Date _____

J-Man Staff Information Sheet (for the parent or guardian)

Weekend Dates: Thursday, April 16, 2020, 4:00 pm to Sunday, April 19, 2020 3:00 pm

Homecoming Ceremony (Asheville, NC): Sunday, April 26, 2019 3:00 pm – 6:00 pm

The Journeyman **Rites of Passage Adventure Weekend** (ROPAW) serves as a powerful experience in the lives of the young men who participate. Once a boy has been initiated in ROPAW, he may come back as many times as he likes as a “J-Man,” to staff and provide support to the new initiates joining us on the weekend for the first time.

Staffing as a J-Man promotes the potential for significant personal growth and development. We invite each J-Man to participate to the fullest extent his is able in terms of his maturity and physical ability. We provide ongoing support and encouragement throughout the weekend to assist and enable each J-Man to enter into a level of service that many young men have not previously experienced. It is in this level of service to the developmental journey of the new initiates, and to the weekend as a whole, that opportunity abound for every boy and man in the continual learning, modeling, and teaching of integrity, accountability, character, compassion, and respect.

It is also a time of great fun and community as the boys may deepen their bonds with Journeyman mentors and staff, as well as their fellow J-Men. Together we work hard, we have fun, and we grow together, boys and men alike.

As it is our sincere desire that each and every J-Man has a good experience at ROPAW, we ask that parents or guardians take extra care to ensure that their young men come prepared for cold, wet or hot weather.

What to bring:

1. Toiletries
2. Old pair of running shoes or hiking boots
3. Sleeping bag and pillow
4. Tent
5. Change of underwear and socks
6. Pair of long underwear
7. Shorts and a towel
8. Warm hat and gloves
9. Flashlight or headlamp
10. Prescription medicines in a clearly marked bag, and a health insurance card if available

What not to bring:

1. Weapons of any type
2. Drugs of any form including tobacco or energy drinks
3. Electronic devices of any type
4. Watches, clocks and jewelry

If your son or ward is on any medications please ensure that he comes with those medications and that the “Confidential Medical Questionnaire” has been completed and sent to the Journeyman ROPAW Registrar so we may properly administer his medications during the weekend.

J-Men are required to arrive at Sacred Mountain Sanctuary no later than 5:00 pm on Thursday, April 16. This is a day earlier than required for the first-time initiates. Staff and J-Men spend the first day preparing the camp for the arrival of the new Initiates, as well as to share and bond together.

We look forward to working and playing together with your J-Man at the Spring 2020 Journeyman ROPAW!

Contact Info:

ROPAW Registrar: Jordan Bowman, 919.907.1177, JourneymanRegistrar@gmail.com

Journeyman Asheville Director: Jordan Foltz, 828.230.7353, journeymenasheville@gmail.com