

# EMPOWERED

Christ, Character, Leadership, Love  
**Renewing Minds While Impacting Lives**

Romans 12:2

## **ABOUT US**

*We want to be capable of tearing down barriers that are meant to Stop us.  
-RaiTimberly Thomas, Founder, Empowered Enrichment Program*

Empowered is a non-profit leadership Organization serving girls ages 11-21  
Empowered works to increase self-love, self-control, as well as tools for  
serving the community.

### **Mission and Vision Statement**

Our Mission is to be effective leaders while learning about Christ, to be caring citizens, to be aware of ourselves and actions, to build confidence and Character.

We are not only an organization, but we are also a family with different cultures and backgrounds, we are all one and here to become a better us.

**Empowered was founded under four Principles:**

**Christ  
Character  
Leadership  
Love**

**CONTACT INFORMATION**

Email: empowered212c@gmail.com

**WHEN TO SHOW UP AND WHAT TO BRING**

Meeting will be every 1<sup>st</sup> & 3<sup>rd</sup> Saturdays each month. Bring yourself and a great attitude!

**COMPLETING YOUR APPLICATION**

**Include the following:**

- Program application /Signed Waiver
- \$25 non-refundable T-Shirt fee
- "Express Yourself Piece "Letter

**IMPORTANT INFORMATION FOR ALL SESSIONS**

|  |   |
|--|---|
| <b>Applications</b> available Upon request | <i>Web app is available</i>   |
| <b>Enrollment notification</b>             | a week after we receive your complete application. Each Person will be contacted upon acceptance. |
| <b>All members Must attend Meeting</b>     | As Announced  |
| <b>Must Purchase Shirt</b>                 | <b>\$25 Shirt fee</b>   |

**Thank you so much for your interest in This organization -- we look forward to learning with you!!!**

Any photos, recorded (audio or video) and written materials created for and/or during Meeting and volunteer activities are property of Empowered LLC and may be used for promotional purposes at the discretion of Empowered LLC.

*The policy and intent of Empowered is to provide equal opportunity for all girls ages 11-21 regardless of race, color, national origin, ancestry, with regard to public assistance, disability, veteran status protected under federal, state, or local laws*

**[PLEASE KEEP THIS PAGE FOR YOUR RECORDS]**

FOR OFFICE USE ONLY  
d8 re'd \_\_\_\_\_ pre'd by \_\_\_\_\_  
age \_\_\_\_\_ session \_\_\_\_\_ or \_\_\_\_\_  
inst \_\_\_\_\_ or \_\_\_\_\_ xyp  y  n  
fa amt req \_\_\_\_\_ app fee  y  n

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age(at the time of Camp): \_\_\_\_\_  
Name you prefer to be called (if different): \_\_\_\_\_  
Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_  
T-Shirt Size (circle one): **Youth:** XS SM MED LG *or* **Adult:** SM MED LG XL XXL XXXL  
Name of Parent/Guardian/Primary Contact: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email address you check frequently: \_\_\_\_\_  
Best way to contact you? (circle one) **Home Phone** **Cell Phone** **Email**  
 Please send my paperwork via email  
What is the race/ethnicity of you/your child?\* \_\_\_\_\_  
\*Knowing the demographic makeup of our campers/community can assist in grant writing, intentional outreach, and more -- please respond if you feel comfortable.

**EMERGENCY CONTACTS** (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_  
Second Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

**SAFETY INFORMATION** (please list all known conditions so we can accommodate your child's needs)

Does your child or children have any medical conditions, allergies, or special needs the staff should know about?

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**[PLEASE INCLUDE THIS PAGE IN YOUR APPLICATION]**

Does your child have any behavioral or emotional issues the staff should know about?

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Is your child taking any medications to treat these conditions?

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**OTHER INFO**

Are there other members you are hoping to attend with? \_\_\_\_\_

Is there anything else you would like us to know?

FOR OFFICE USE ONLY  
age \_\_\_\_\_  
session \_\_\_\_\_  
inst \_\_\_\_\_

## **EXPRESS YOURSELF PIECE**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_

**Please Tell Us about yourself and what makes you unique.**

**Please answer the following question in video or 4 Paragraph paper( include a title page with your name)**

If you are submitting a video email to empowered212c@gmail.com

What is an obstacle in your life that you have had to overcome and how did you deal with it? Or, how are you overcoming an obstacle in your current life?

Can we display your Piece ?  Yes, you may.  No, please keep it private.

**[PLEASE ATTACH THIS PAGE TO YOUR EXPRESS YOURSELF PIECE]**

## **Meet Our Mentors:**

**RaiTimberly Thomas**

**Raila Langham**

**Raiven Pettaway**

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