



Be the Change
FOUNDATION

Program Application

Please complete all information in this section.

Name: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

County of residence: _____

How did you hear about Be the Change Foundation? _____

Did someone refer you? If so, who was it? _____

Demographic Information

Information provided in this section is optional.

Highest level of education completed: _____ Current employment status: _____

Approximate household income: _____ Number of people in your household: _____

Pre-program Survey

Please complete this section to help us understand your needs.

What kind of business would you like to start? _____

Describe any experience you have in this area of business: _____

Do you currently have a business? _____

If so, what is the name of your business? _____

What are your goals for starting a business or growing your current business? _____

What are you hoping to learn in this program? _____

What topics would benefit you most? Please check all that apply:

☐ Marketing ☐ Sales ☐ Financial Modeling

☐ Business Plan Development ☐ Presentations ☐ Human Resources

☐ Record Keeping ☐ Social Media ☐ Networking

☐ Legal



Prior Experience

Please rate your knowledge in each area on a scale of 1-5.

Marketing	1	2	3	4	5
Sales	1	2	3	4	5
Financial Modeling	1	2	3	4	5
Business Plan Development	1	2	3	4	5
Small Business Human Resources	1	2	3	4	5
Financial Record Keeping	1	2	3	4	5
Social Media	1	2	3	4	5
Legal Issues for Small Business	1	2	3	4	5
Quickbooks/Accounting Software	1	2	3	4	5

Do you have insurance? (yes or no) _____ Health _____ Car _____ Business

Do you have a bank account? (yes or no) _____ Personal Savings _____ Personal Checking

_____ Business Savings _____ Business Checking

_____ Other? _____

Do you have access to the following:

_____ Computer and/or Laptop _____ Tablet _____ Reliable Internet Service/WiFi

Acknowledgement

___ I understand that state or local restrictions may require that some or all classes be conducted via Zoom and have the means to attend remotely if necessary.



COVID-19 Safety Acknowledgment – Liability Waiver and Release of Claims

COVID-19 SAFETY INFORMATION:

While participating in events, meetings and/or classes held or sponsored by the Be The Change Foundation, Inc., (“BTCF”) “social distancing” must be practiced and face coverings worn at all times to reduce the risks of exposure to COVID-19. A representative of BTCF will take participant temperatures with a contactless thermometer and record it at each meeting. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, BTCF has put in place preventative measures to reduce the spread of COVID-19. However, BTCF cannot guarantee that its participants, volunteers, partners, or others in attendance will not become infected with COVID-19.

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in BTCF events and/or other face to face activities. By attending an BTCF event, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, persistent, dry cough, and shortness of breath among others;
2. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID 19; or
3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID 19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

DUTY TO SELF-MONITOR:

Participants and volunteers agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, contact BTCF at

connect@bethechangefoundation.us if he/she experiences symptoms of COVID-19 within 14 days after participating or volunteering with BTCF.

LIABILITY WAIVER AND RELEASE OF CLAIMS:

I acknowledge that I derive personal satisfaction and a benefit by virtue of my participation and/or voluntarism with BTCF, and I willingly engage in BTCF events, classes and/or other activities (the “Activity”).

RELEASE AND WAIVER.

I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST THE BE THE CHANGE FOUNDATION AND ITS AFFILIATED PARTNERS AND SPONSORS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS (THE “RELEASED PARTIES”), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES,



OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES,

NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION WITH THE ACTIVITY.

ASSUMPTION OF THE RISK.

I acknowledge and understand the following:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID 19, even if arising from the negligence or fault of the Released Parties; and
3. I hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

MEDICAL ACKNOWLEDGMENT AND RELEASE.

I acknowledge the health risks associated with the Activity, I agree that if I experience any of these or any other symptoms during the Activity, I will discontinue my participation immediately and seek appropriate medical attention. I DO HEREBY RELEASE AND FOREVER DISCHARGE THE RELEASED PARTIES FROM ANY CLAIM WHATSOEVER WHICH ARISES OR MAY HEREAFTER ARISE ON ACCOUNT OF ANY FIRST AID, TREATMENT, OR SERVICE RENDERED IN CONNECTION WITH MY PARTICIPATION IN THE ACTIVITY.

As a participant, volunteer, or attendee, You recognize that your participation, involvement and/or attendance at any Be The Change Foundation event or activity ("Activity") is voluntary and may result in personal injury (including death) and/or property damage. By attending, observing or participating in the Activity, You acknowledge and assume all risks and dangers associated with your participation and/or attendance at the Activity, and You agree that: (a) the Be The Change Foundation, Inc. (b) the property or site owner of the Activity, and (c) all past, present and future affiliates, successors, assigns, employees, volunteers, vendors, partners, directors, and officers, of such entities (subsections (a) through (c), collectively, the "Released Parties"), will not be responsible for any personal injury (including death), property damage, or other loss suffered as a result of your participation in, attendance at, and/or observation of the Activity, regardless if any such injuries or losses are caused by the negligence of any of the Released Parties (collectively, the "Released Claims"). BY ATTENDING AND/OR PARTICIPATING IN THE ACTIVITY, YOU ARE DEEMED TO HAVE GIVEN A FULL RELEASE OF LIABILITY TO THE RELEASED PARTIES TO THE FULLEST EXTENT PERMITTED BY LAW.

Signature

Date

Printed Name

Phone Number