



HOPE IN THE MOUNTAINS PATHWAYS TO SUCCESS:

Application

PROGRAM DESCRIPTION:

The Pathways to Success Program is designed to offer 8th to 11th graders, an opportunity to explore different career fields and equip them with the skills and knowledge necessary to succeed in life. Hope in the Mountains, inc. will partner with local businesses and schools, as well as our own programs to provide participants with work schedules and tasks.

A large part of the program is spent visiting shadow sites where students meet with employees in different career fields and learn about the jobs they do and the type of education required to acquire that type of job. We also plan to visit technical schools and colleges to get a feel for education opportunities beyond high school.

Students will learn how to manage their finances. They will also learn how to develop a resume and practice interview skills. Upon completion of the program, **students will receive stipends up to \$550** for participation, and will be used to set up a savings account through a local bank.

This program will provide meals, t-shirts, a trip to Williamsburg, VA, etc., at no charge to the students.

PROGRAM DETAILS:

- **Participants:** We will take **up to 10** participants, which will undergo an application and interview process before acceptance into the program.
- **Application deadline: May 15th.** Interviews will be scheduled upon receipt of application
- **Tier One Program dates and times:**
 - **May 18th, 19th, Interviews (You will be contacted regarding your time)**
 - **May 26th, 5:30 to 6:30 pm at the Hope Center, Orientation (with a parent/guardian present)**
 - **May 30th, June 6th (9:30 am to 12:30 pm) June 11th, 15th, 16th, 17th, 18th, 22nd, 23rd, (10:00am to 2pm)**
 - **May 22nd and 23rd have been reserved for opening accounts at Pioneer Community Bank**
- **Where:** The Hope Center and various shadow sites. Lunch will be provided each day.
- **Extra:** Upon successful completion of Tier 1, participants may be asked to participate in Tier 2, which will involve year-round (once-a-month) mentoring sessions and fun field trips. Upon completion of Tiers 1 and 2, participants may be asked to participate in an all-expense paid educational and fun trip to Williamsburg, VA in partnership with Williamsburg United Methodist Church.

PROGRAM EXPECTATIONS:

- **Be punctual:** We will begin at 9:30 or 10:00 am each day (see the above schedule). If there are days you will be unavailable or late, please list them here: _____
(Note: deductions to stipend WILL occur for absences - \$10 per hour, \$45 per day) or bad behavior.
- **Be prepared:** Come dressed in the appropriate uniform for the day, prepared with your required supplies and positive attitude!
- **Be present:** We ask that participants leave phones or devices at home or in safe storage location at The Hope Center. We are here to learn, so we ask that you provide your undivided attention each day.

- **Behavior:** Appropriate behavior is crucial while on-site and off-site. Respect for one another, the leaders of the program, and any guest speakers or presenters who join us is mandatory. Misbehavior will not be tolerated; participants can and will be removed from the program if misbehavior persists. This program is a privilege.

GENERAL PERMISSION FORM 2026

Name _____ Birth Date _____
 Last First Middle Month Day Year

School _____ Grade _____ T-Shirt Size _____

Participant Cell Phone _____ Text Call

Participant Email Address _____

Emergency Contact (list a parent or guardian first)

Name _____ Relationship _____

Address _____ Home phone _____

_____ Cell phone _____

 Email Address _____

Name _____ Relationship _____

Address _____ Home phone _____

_____ Cell phone _____

 Email Address _____

Family Doctor (name and phone) _____

Any allergies to medicines, foods, etc. _____

Date of last tetanus shot _____

Other dietary considerations (e.g. vegetarian) _____

List any history of serious illness (diabetes, asthma, epilepsy, etc.), recent injuries or hospitalizations:

What medications (if any) are presently being taken? _____

In the event that your teen, _____, suffers any illness or accident requiring emergency medical care or hospitalization while participating in any activity hosted by Hope in the Mountains, inc. I give my permission for the adult chaperone in charge to talk with the doctor on my behalf and for any medical treatment which may be deemed necessary and reasonable under the circumstances, understanding that the adult chaperone will contact me at the earliest possible moment. I fully

understand that reasonable care will be exercised by the adult chaperones for any event hosted by The Hope Center to protect the safety of those involved, and therefore, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless Hope in the Mountains, inc., its board of directors, employees, volunteers, and agents from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature which may be incurred by the undersigned and the participant while involved in any activities hosted by the Hope in the Mountains, inc.

Health insurance by which participant is covered _____

Policy Number _____

Parent/Guardian Signature _____ Date _____

Transportation

_____ HAS MY/OUR PERMISSION TO PARTICIPATE IN ONSITE AND OFFSITE ACTIVITIES RELATED TO THE HOPE CENTER, the undersigned, do hereby also grant permission for the participant to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by Hope in the Mountains, inc. The participant and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

YOUTH SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

Photo Waiver

I hereby authorize Hope in the Mountains, inc., located in Beckley, West Virginia, to use, reproduce and distribute my name, voice, likeness, photograph and/or any other representation of me in connection with printed materials or other media it distributes, displays, transmits or exhibits. Such distributions, displays, transmissions or exhibits may include, but are not limited to, publications, newsletters, magazines, brochures, CD ROMs, websites, social media and/or videos. I understand that my authorization grants Hope in the Mountain, inc. the right to use, reproduce and distribute my name, voice, likeness, photograph and/or any other representation of me without compensation or further notice.

I hereby release and discharge Hope in the Mountains, inc. for any and all liability arising out of or relating to the foregoing.

By signing this Consent and Release Form, I consent to allow the above-named minor to participate in the activities described above and allow the information obtained from the above-named minor to be used and shared as described above. I represent and warrant that (i) I am eighteen (18) years of age or older and am legally competent to execute this Consent and Release Form under the laws of my country, (ii) I have the legal authority to represent the above-named minor and (iii) I have read and understand this Consent and Release Form.

Parent/Guardian Name (printed) _____ Date _____

Parent/Guardian Signature _____ Date _____

INTEREST SURVEY

What are your hobbies and interests? _____

What are your favorite subjects in school? _____

What other activities are you involved with (clubs, sports, offices, etc.)? _____

Are there any careers or jobs that interest you? _____

What would you like to get out of participating in this program? _____

SIGNATURES

By initialing here (_____) you agree that you are willing and able to make a commitment to the Pathways to Success Program and will miss no more than 2 days the program runs (Tier 1)

By initialing here (_____) you agree, if you are accepted as a participant, to follow the rules and guidelines as they are laid out before you in this document.

By signing this document, you verify that all the information given is accurate and that you have been given a copy of this form for your personal records.

Signature of applicant:

Date:

Signature of parent/guardian:

Date:

Return completed packet to Ryan Snuffer, Executive Director by May 15th, 2026 or drop off at The Hope Center, 410 W. Main St, Sophia or mail to Hope in the Mountains, PO Box 1675, Sophia, WV 25921 or email to admin@hopeinthemountains.com

Call with any questions: (304) 683-1110