



**CONCERNED BLACK MEN  
OF MASSACHUSETTS, INC.**

Paul Robeson Institute  
for  
Positive Self-Development

The Paul Robeson Institute for Positive Self-Development (PRI) 2014-2015 Program Session is TENTATIVELY scheduled to begin on **Saturday, October 18, 2014**. Please check the CBMM website in late September or the first week of October to confirm the actual start date which will be posted: [www.cbmm.net](http://www.cbmm.net)

Registration and orientation will take place on the campus of Northeastern University at the John D. O'Bryant African American Institute, located at 40 Leon Street. **Registration begins at 8:30am.**

Please visit our website for an overview of PRI: <http://cbmm.net/programs/pri-program/>

**TO ALL PARENTS & GUARDIANS**  
**New and returning families must submit:**

1. Application for Admission: Fall 2014 – Spring 2015 Session
2. Medical Application for Admission: Fall 2014 – Spring 2015 Session
3. Photo & Multimedia Release Form: Fall 2014 – Spring 2015 Session
4. Application for PRI Parent Volunteer Service: Fall 2014 – Spring 2015 Session
5. Pre-Orientation and Registration PRI Parent Check List
6. A copy of your child's last report card

**IN ADDITION, YOU ARE REQUIRED TO SUBMIT A COPY OF YOUR CHILD'S REPORT CARD  
FOR EVERY REPORTING PERIOD OF THE 2014-2015 SCHOOL YEAR**

**This PRI registration packet consists of the following:**

1. CBMM Fact Sheet
2. General Rules for the Paul Robeson Institute for Positive Self-Development
3. Application for Admission: Fall 2014 – Spring 2015 Session
4. Medical Application for Admission: Fall 2014 – Spring 2015 Session
5. Photo & Multimedia Release Form: Fall 2014 – Spring 2015 Session
6. Application for PRI Parent Volunteer Service: Fall 2014 – Spring 2015 Session
7. Pre-Orientation and Registration PRI Parent Check List
8. 2014-2015 TENTATIVE Days of Operation Calendar
9. Northeastern University Directions & Parking

**Stay up to date:** Should your Parent/Guardian contact information change during the 2014-2015 PRI calendar year, please keep CBMM updated on such changes. ~Thank you

We look forward to an exciting and productive 2014-2015 PRI session.

Sincerely,

**The Concerned Black Men of Massachusetts, Inc.**



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## CBMM FACT SHEET

Concerned Black Men of Massachusetts, Inc. (CBMM) believes young people are capable of making positive choices when provided with viable, constructive alternatives. CBMM helps at-risk inner-city black male youth recognize those alternatives to drugs, gangs and violence, thereby making positive contributions to our society.

### **Mission Statement**

“To Improve the Quality of Life in the Black Community by Reaffirming the Viability of the Black Male.”

### **History**

In April 1989, a group of 9 black men from different backgrounds and professional disciplines met to discuss quality of life issues for African Americans. From this evolved the Concerned Black Men of Massachusetts (CBMM), with the mission to work with the community to improve the quality of life for African Americans by reaffirming the role of black men. A non-profit organization incorporated June 21, 1989.

### **Location for the Paul Robeson Institute for Positive Self-Development (PRI)**

John D. O’Bryant African American Institute  
Northeastern University, 40 Leon Street,  
Boston, MA 02115

### **Membership**

Open to all men 18 years or older, candidates must be sponsored by a member in good standing or the membership committee.

**Paul Robeson Academy:** Ages 7-13, 3<sup>rd</sup> through 6<sup>th</sup> grade, Saturday program working with over 120 boys focusing on academics, recreation and personal development.

**Boys to Men Program:** Ages 13-14, 7<sup>th</sup> through 8<sup>th</sup> grade, 35 students enrolled. An extension program for graduates of Paul Robeson Academy designed to build on the foundations established in PRI, focused on physical fitness and basic academic skills.

**D-Two Program:** Ages 14-18, grades 9<sup>th</sup> through 12<sup>th</sup>. A program designed to promote responsibility in our youth via mentoring the young men enrolled in the Paul Robeson Academy. Students are also prepared to move on to some form of higher education.

### **Speakers Bureau**

CBMM members serve as public speakers at events sponsored by business and civic organizations.

### **Unity Breakfast**

Annual fund-raiser to acknowledge the contributions of individuals and organizations committed to improving the lives of our inner city youths.



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*Dear PRI Parent,*

*Please review the following rules. We ask that you make certain your child has also read them. ~Thank you*

**General Rules for the Paul Robeson Institute for Positive Self-Development:**

1. All students in the Paul Robeson Institute for Positive Self-Development must sign-in before Harambee in the morning and sign-out before leaving to go home. This will help us keep track of who is here, how many days you participated, and account for where you were on Saturday.
2. All Paul Robeson Institute for Positive Self-Development students must wear their “red PRI T-shirt” given to him at the annual “Rites of Passage Ceremony”. If another T-shirt is worn, it must display a positive message.
3. All Paul Robeson Institute for Positive Self-Development Brothers must ask permission from a CBMM Brother to go to the bathroom or to leave the classroom.
4. All Paul Robeson Institute for Positive Self-Development Brothers must greet each other as they arrive. You must look your brother in the eyes and say, "Good Morning."
5. All Paul Robeson Institute for Positive Self-Development Brothers must help in setting up and taking down furniture, equipment, room clean up and any other projects when instructed by a CBMM Brother.
6. The vending machines or soda machines are not to be used at any time on Saturday. If you are hungry or thirsty ask one of the older brothers for food or drink. We will have nutritious food for you.
7. All eating will be done during the times we have scheduled. All eating shall be restricted to the Cabral Center and nowhere else in the Institute unless instructed by a CBMM Brother.
8. No profanity, bad language, at any time.
9. All Paul Robeson Institute for Positive Self-Development. Little brothers must tell their parents or guardians what they did during their Saturday sessions.
10. No hats, do-rags, toys, candy, chewing gum, money, video games or electronic devices are allowed at any time. No wearing of pants hanging off your posterior.
11. Disruptive behavior will not be tolerated. You must be respectful at all time.

**Remember your word is your bond. A man is measured by his actions.**



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If possible, please  
staple a photo of  
your child in this  
space so as to assist  
his CBMM mentors  
in getting to know  
our PRI young man  
Thank you

**APPLICATION FOR ADMISSION: FALL 2014 – SPRING 2015 SESSION**  
**PRINT ALL INFORMATION CLEARLY**

**IMPORTANT: PLEASE ATTACH A COPY OF THIS APPLICANT’S LAST SCHOOL REPORT CARD**

STUDENT’S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

NEW STUDENT (circle one): Yes No **If you answered “No”, indicate the number of years at PRI \_\_\_\_\_**

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT/GUARDIAN’S NAME: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL #: \_\_\_\_\_ WORK #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PHYSICAL LIMITATIONS OR CONSIDERATIONS: \_\_\_\_\_

**Are you aware of the important work performed by our PRI PARENT’S GROUP? Yes No**

**Why do you want your son to be enrolled at the Paul Robeson Institute for Positive Self-Development?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***CONTACT INFORMATION IN CASE OF EMERGENCY***

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

***KHAN ACADEMY REQUIREMENT***

Your child is required to have a Khan Academy account

If your child does not have a Khan Academy account:

1. Access Khan Academy on a home computer or at the library at <http://www.khanacademy.org/>
2. Have your child create his personal Khan Academy account

My child has a Khan Academy account: Yes No

**Under the professional direction of the Paul Robeson Institute (PRI), I give my permission for my son/ward, \_\_\_\_\_, to participate in all scheduled supervised activities (including field trips) of the PRI as indicated in the 2014-2015 PRI calendar year, (which is subject to change due to available resources) with the understanding that he can and will participate. I also give permission to my son’s/ward’s teacher and principal to collaborate on my behalf with the PRI liaison in order to ensure my son’s positive growth and development in this program.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



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MEDICAL APPLICATION FOR ADMISSION: FALL 2014 – SPRING 2015 SESSION

PLEASE PRINT ALL INFORMATION CLEARLY

STUDENT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Does your child have allergies? \_\_\_\_ Yes \_\_\_\_ No

If Yes, please explain: \_\_\_\_\_

Does your child wear glasses or contact lens? \_\_\_\_ Yes \_\_\_\_ No

Please indicate if student experiences or has experienced any of the following - Please attach an additional sheet if needed:

Table with 5 columns: Condition, Yes, No, Not Known, Details (i.e. how often, usual treatment, warning signs). Rows include Headaches, Convulsions/Seizures, Fainting Spells, Vision Problems, Hearing Problems, Breathing Problems, Heart Problems, Blood Clotting, Stomach/Bowel, Skin Problems, Frequent Infections, Diabetes, and Other (Please Explain).

Will your child be taking non-prescription medicines during the PRI program? \_\_\_\_ Yes \_\_\_\_ No

Medication(s): \_\_\_\_\_

For: \_\_\_\_\_

Doctor's Approval is needed for over-the-counter drugs (aspirin, cold capsules, etc.)

Physician's Signature: \_\_\_\_\_

Initial if signed by Nurse or Physician's Assistant

Will your child be taking prescription drugs during the PRI program? \_\_\_\_ Yes \_\_\_\_ No

Medication(s): \_\_\_\_\_

For: \_\_\_\_\_

EMERGENCY MEDICAL/DENTAL TREATMENT RELEASE

All medications must be in the original container & the pharmacy label must be attached and clearly legible for prescription drugs

Although every effort is made to provide a safe environment, I recognize that there is always a risk of accident. I, as parent or legal guardian, authorize CBMM/PRI to obtain any necessary emergency medical treatment for my child in the event that I or my designated representative cannot be reached. I agree to pay all reasonable costs for such medical care, attention and treatment, and hereby release, discharge, indemnify and agree to hold harmless Concerned Black Men of Massachusetts/Paul Robeson Institute, Northeastern University, The University of Massachusetts Boston, its trustees, employees, agents and representatives in the exercise of such authority.

SIGNATURE OF PARENT/GUARDIAN

DATE



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**PHOTO AND MULTIMEDIA RELEASE FORM: FALL 2014 – SPRING 2015 SESSION**

I hereby authorize CBMM and those acting on its behalf to:

- I. Record my image, likeness, and/or voice on a photographic, video, audio, digital, electronic, or any other medium;
- II. Use, reproduce, modify, exhibit, and/or distribute any such recording in any medium for any purpose that the CBMM may deem appropriate, including promotional or advertising efforts with not compensation to me; and
- III. Use my name in connection with any such recordings or uses.

I understand that I shall have no right to inspect or approve any such recordings and uses and those they shall remain the property of the CBMM. I release the CBMM and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with all such recordings and uses. I have read and fully understand the terms of this release.

Child's name (print): \_\_\_\_\_

Child's name (sign): \_\_\_\_\_

Parent/Guardian (print): \_\_\_\_\_

Parent/Guardian (sign): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date: \_\_\_\_\_



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APPLICATION FOR PRI PARENT VOLUNTEER SERVICE: FALL 2014 – SPRING 2015 SESSION

PLEASE PRINT ALL INFORMATION CLEARLY

NAME: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TELEPHONE: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_

Leave blank if you do not wish to be contacted at work

What time of day may a PRI representative contact you at the phone number(s) you provided: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

The Concerned Black Men of Massachusetts is fully aware that without the invaluable participation and assistance from our PRI Parents Group, the work we do together during the school year would be made more difficult. As a result, we encourage you to be an active participant in your child's experience here at the Paul Robeson Institute for Positive Self-Development. Without your support the numerous tasks performed by members of our PRI Parents Group "fall on the shoulders of a select few". Volunteer work is made easier if everyone concern contributes a little bit of their time and effort. Please take a look at the list below. It reflects the numerous tasks that members of our PRI Parents Group perform. Please check those boxes for which you are interested in performing volunteer service. Please know that our expectation IS NOT for you to volunteer for every task you have checked off. Instead, we are attempting to gain some understanding as to the pool of talent within our PRI parent body. You can rest assured that your decision to not volunteer will in no way impact the quality of service we deliver to your child.

- Checkboxes for various volunteer tasks: I can assist in the food shopping which needs to be done for breakfast & lunch, I can take digital photos and movies of some PRI sessions, I would like to assist on the Fund Raising Committee, I can help organize donations for SPECIAL PROJECTS, I would like to be on the PRI committee which is responsible for "PRI Raffles", I can assist in the prep. for Kwanzaa Celebration, I would like to write articles for publication in the PRI Newsletter, I can assist in the prep. for MLK, Jr Celebration, I would like to assist in some capacity on the PRI Newsletter, I can assist between 12:30pm and 1:30pm with Kitchen Clean-up, I can assist in creating and organizing a "Telephone Tree", I can sell 5 - 10 tickets to the CBMM Annual Unity Breakfast, I can assist in maintaining a database for the PRI session, I can sell 10 - 20 tickets to the CBMM Annual Unity Breakfast, I would like to contribute to the success of PRI by doing \_\_\_\_\_, I would like to assist in selling Calendars, I can assist in the food prep. for the "Rites of Passage" Celebration, I can assist in preparing the Cabral Center for hosting events, I can make numerous copies of materials to be circulated, I would like to serve in an elected Officer's post within the PRI Parent's Group

↑ Suggestions or specific activity in which you would like to play a leadership role:



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### Pre-Orientation and Registration PRI Parent Check List

#### TO ALL PRI PARENTS:

**All participants, including returning families, must complete ALL registration forms for each child.**

Please submit a copy of your child's most recent report card with his application. This piece of information is vital in assisting CBMM mentors to identify areas of concern as we plot our path to best address the needs of our young men.

**Stay up to date:** Should your PRI Parent contact information change during the 2014-2015 PRI calendar year, please provide CBMM with your updated information. ~*Thank you*

1. Plan to arrive at 40 Leon St. at 8:30am on Saturday October 18, 2014

**See the Northeastern University Campus Map:**

<http://www.northeastern.edu/campusmap/printable/campusmap.pdf>

2. Have you read the PRI General Rules? YES \_\_NO\_\_

3. Have your son wear his "RED PRI T-shirt". YES \_\_NO\_\_

4. Have you made certain that your child has read the PRI General Rules? YES \_\_NO\_\_

5. Optional: Have you attached on photo of your child to his application? YES \_\_NO\_\_

6. Have you attached a copy of your child's most recent report card to his application? YES \_\_NO\_\_

7. A copy of the PRI Saturday Days of Operation is included in this application packet.

8. Please ensure that you have completed the following:

PRI Application for Admission – COMPLETED: YES \_\_NO\_\_

PRI Medical Application for Admission – COMPLETED: YES \_\_NO\_\_

PRI Photo & Multimedia Release Form – COMPLETED: YES \_\_NO\_\_

Application for PRI Parent Volunteer Service – COMPLETED: YES \_\_NO\_\_

*Thank you for your cooperation!*





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**2014-2015 TENTATIVE Days of Operation Calendar**

For each individual learning session, the entire PRI group will **begin** in the following fashion;

- Breakfast & sign-in
- Call-to-order and welcome from PRI Program Co-Directors and/or Program Coordinator
- Harambee: Nguzo Saba (Seven Principles) and “Proud Young Black Man” call and response
- Recap previous week and outline the day’s learning activities

Similarly, for each individual learning session, the entire PRI group will **end** in the following fashion;

- Call-to-order and recap of day from PRI Program Co-Directors
- Announcements (if any) and preview of next week’s learning session
- Harambee: Nguzo Saba (Seven Principles) and “Proud Young Black Man” call and response
- Prayer of Thanks, lunch & dismissal (sign-out)

Session	Date	
1	Oct 18	<b>2014-2015 Program Orientation</b>
2	Oct 25	
3	Nov 1	
4	Nov 8	
5	Nov 15	
6	Nov 22	<b>No PRI – Thanksgiving weekend</b>
-	Nov 29	
7	Dec 6	
8	Dec 13	<b>No PRI – Christmas Break</b>
9	Dec 20	
-	Dec 27	
10	Jan 3	
11	Jan 10	<b>No PRI – Rev. Dr. Martin Luther King, Jr. weekend</b>
-	Jan 17	
12	Jan 24	
13	Jan 31	<b>No PRI – February Vacation</b>
14	Feb 7	
-	Feb 14 & 21	
15	Feb 28	
16	Mar 7	
17	Mar 14	<b>No PRI – Good Friday weekend (no school Friday)</b>
18	Mar 21	
19	Mar 28	
-	Apr 4	<b>No PRI – April Vacation</b>
20	Apr 11	
-	Apr 18 & 25	
21	May 2	<b>No PRI – Memorial Day weekend</b>
22	May 9	
23	May 16	
24	May 23	
25	May 30	
26	Jun 6	<b>Rites of Passage (Final PRI Session for the year)</b>
27	Jun 13	



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## NORTHEASTERN UNIVERSITY DIRECTIONS & PARKING

**JOHN D. O'BRYANT AFRICAN-AMERICAN INSTITUTE**  
**Northeastern University**  
**40 Leon Street**  
**Boston, MA 02115**

**MBTA Orange Line:** Go to the Ruggles Street station. Use the exit door marked **NORTHEASTERN**. Walk across the lawn directly behind Ruggles Station. You will see Ryder Hall on your left and Shillman Hall on your right. Leon St. will be directly in front of you. Look for the sign, which says **JOHN D. O'BRYANT AFRICAN-AMERICAN INSTITUTE** diagonally to your right.

**MBTA Green Line:** Take the "E" or "Arborway" trolley to the Northeastern University stop. Cross to the south side of Huntington Avenue (the same side as the YMCA), walk down Forsyth St. Take your first right onto Leon St. and Look for the sign which says **JOHN D. O'BRYANT AFRICAN-AMERICAN INSTITUTE**.

### **Parking when arriving by automobile:**

**Free parking is available in the Northeastern University Columbus Avenue Parking Lot.** Parking is available for a fee (\$6.00) at the **Renaissance Park Garage, 835 Columbus Avenue**, located on the corner of Columbus Avenue and Melnea Cass Boulevard. Allow yourself about 10 minutes to walk from the Renaissance Park Garage or the Columbus Ave. Parking Lot to the John D. O'Bryant African-American Institute. **Please be aware, the Northeastern University Police will ticket and tow your vehicle if you park on Leon St.**



For a more detailed Northeastern University campus map, please visit:  
<http://www.northeastern.edu/campusmap/printable/campusmap.pdf>