



SMYAL's Brotherhood University

Brotherhood University (the Summer Sessions) is a 4 day experience for young men of color (16 - 21) to take a hard look at our lives and how society and our self-image play a role in the decisions we make around relationships, sex, and community.

Topics Addressed: *Gender, racism, STDs/HIV, relationships, stages of change, risk assessment and prevention options, and social support and problem-solving to maintain change*

Important Information

Pre-requisites for attending the retreat:

Submit Application to Tyrone at SMYAL (410 7th ST, SE, Washington, DC 20003)

Apply for one or both of the summer session (June 23rd – 27th or 28th – August 1st), but you can only participate in one or the other.

Conduct an interview with SMYAL HIV Prevention Coordinator, Tyrone Hanley.

Agree to SMYAL's Guidelines and Core Values.

Be a young man of color within the ages of 16-21

Please note that submission of application does not mean you will be accepted to participate in Brotherhood University. Youth who are accepted will be notified prior to the Brotherhood University session.

Location: SMYAL (410 7th ST, SE, Washington, DC 20003)

Brotherhood University Schedule (subject to change):

June 23rd – 27th (Tuesday-Friday) 11am-4pm

July 28th – August 1st (Tuesday-Friday) 11am-4pm

Meals: We will provide lunch and snacks.



Brotherhood University Application Form

Date _____

Name _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Date of Birth ____/____/____

How did you hear about Brotherhood University? _____

Why do you want to attend Brotherhood University?

I can attend June 23rd – 27th **Y N** I can attend July 28th – August 1st **Y N** (circle all that apply)

Health History

Do you have physical disabilities, allergies, or any infectious conditions we need to know about?

____ asthma ____ tuberculosis ____ diabetes ____ high blood pressure

____ impaired vision ____ problems walking ____ peripheral neuropathy

____ Other (Please list) _____

Please list all medications: _____

Are you allergic to any medications? **Y N** If yes, please list: _____

Do you have medications that require refrigeration? **Y N**

Do you have any other physical or medical requirements, or equipment needs we should know of so that we can make your retreat experience as comfortable as possible? _____

Do you have any special dietary requirements or restrictions we should know about? **Y N** If yes, please explain:

Do you smoke? **Y N** *NOTE: SMYAL is smoke-free: smoking outside only*



Emergency Contact Information

(You must at least list one Emergency Contact)

Name _____ Relation _____

Work Phone _____ Mobile/Home _____

Address _____ City _____ State _____ Zip _____

Name _____ Relation _____

Wk Phone _____ Mobile/Home _____

Address _____ City _____ State _____ Zip _____

SMYAL Participant Photo Use Agreement

I, _____, consent to participating in SMYAL programs in which photos may be taken. These photos may be used in SMYAL publications.

Participant Signature: _____ Date: _____