

## MHA Community Action Plan

To: Educational Institutions, Parents, Friends, Community Members, Churches, and Centers Serving People with Disabilities

Event: My Heart's Appeal Inc., (MHA): Walk-a-Thon for the Intellectually Challenged Youngster in West Africa

For: Bigma's Care Place – Respite Care Program

When: April – June 2018

Where: Set Your Own Date, Time & Venue

If you have a passion to be a blessing to others and just be called blessed, we ask you to join us as we offer a unique opportunity to parents of children with disabilities in Liberia, West Africa.

MHA Bigma's Care Place allows parents who have children with special needs a day to themselves while their children – including siblings – are treated to six hours of one- to-one care and attention.

If you have a minor child in a participating setting, please grant permission for them to be part of a life changing experience for an unfortunate individual.

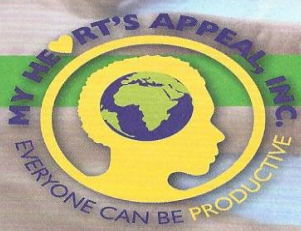
Your contribution, time and partnership allows individuals the chance to be a part of this unique experience. You can help anywhere you are. **Download our Third Party Fundraiser Form.**

Visit our website [www.myheartsappeal.org](http://www.myheartsappeal.org), Community Map & Calendar, for more information on how you can help make a difference. Download our Donation Form - Individual Client Sponsorship – Bigma's Care Place, then view MHA Visual-Clients for Respite Care.

We appreciate your support!

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All contributions to My Heart's Appeal, Inc. are tax deductible.



MY HEART'S APPEAL, INC.  
EVERYONE CAN BE **PRODUCTIVE**

## OUR VALUES

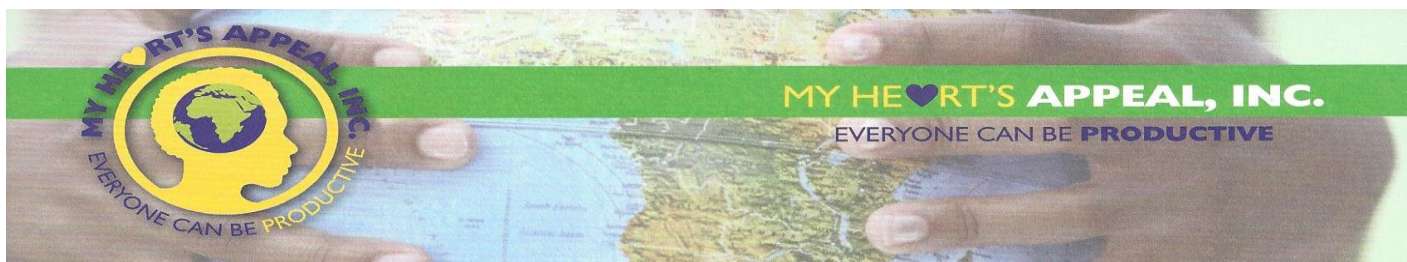
At MHAC, we welcome persons with disabilities and their families, provide opportunities, promote respect, encourage kindness and build self-esteem.

Welcome  
Opportunities  
Respect  
Kindness  
Self-Esteem



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## My Heart's Appeal, (MHA) Suggested Awareness Activities

### [Activity One]

- Using, MHA Values- **WORKS**- have your group discuss 8 ways, words or phrases for each letter category; they can help a person with a disability feel accepted in society.
- This activity can be used per individual group, as a warm-up activity before you start your day's routine. Duration one or five days.
- Or as a cross curriculum activity/discussion, where several groups can each do a category at the same time. Duration-one day.
- Make copies, using the bookmarks, write 8 comments that best describes the letter category.
  - Groups can participate by designing and cutting out bookmarks and writing their comments on the back. Then, they can take their bookmark home and remember to practice what they learn from this awareness activity. They can take a group picture with their bookmarks or video tape their discussions.

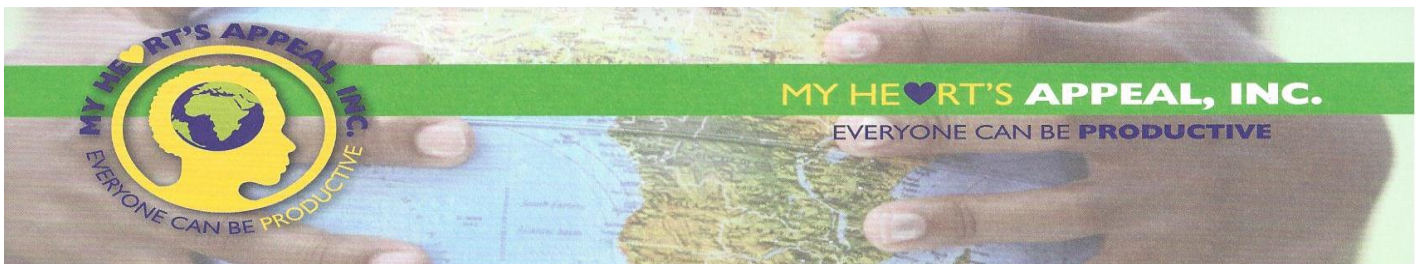
### [Activity Two]

#### Educational Institutions:

- Pre-K to Kindergartens can color the letters **W-O-R-K-S**
- Elementary and Middle School-classes can walk as a group during recess on school grounds (or choose representatives from each class to walk)
  - Five identified short stops, representing a letter (five to ten minutes apart) or determined by your individualized circumstances
  - Using posters or project boards to identify stops setup on an easel or desk/table
  - Groups can decorate their stop with their word theme
  - Each stop donation \$2.00 per letter.
  - Groups, depending on size can each collect 8 quarters, 20 dimes or 40 nickels a letter. Children can work as a team to accomplish their goal.
  - Goal to reach \$10.00 to support an individual for a month
  - Groups can choose which individual they want to support for the month and learn something about that person.
  - They can write a letter to that person and MHA will have it delivered.
- High School-Present an artwork using W-O-R-K-S as a theme. They can demonstrate ways or show illustration how to help a person with a disability feel accepted in society. A panelist (in house) can be set up and the best artwork/s presented to MHA for display-1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> place winners.
- **Parents/Friends/Community Members** can visit our website [www.myheartsappeal.org](http://www.myheartsappeal.org) and download our Donation Form-Sponsor individual Client – Bigma's Care Place – Respite Care. You can name a specific client or donate to our General Sponsorship Pool to benefit any client.
- **Churches** can incorporate with children and adult Sunday schools or Bible Study classes.
- **Vocational and Residential Centers** can identify a day or weekend to walk around their centers to identify with other persons with disabilities that are not as privileged as they are. A cookout or picnic can be organized for end of activity, Community Sponsorship options could include, helping groups or individuals reach their target \$10.00.

### [Note]

- Written approvals for photography and video [minor & adults] are required for participation in MHA activities as footage will be used for promotional purpose by the discretion of the organization. {Forms attached}
- Documentation of activities by video or stale photo will be welcomed by MHA. Please send consent forms with pictures/video presentations.



## Minor Video & Photography Release Form

Dear Parent or Guardian,

Below you will find a consent form granting permission to My Heart's Appeal, Inc. (MHA) and those authorized by MHA to interview, videotape and photograph your child at MHA events. Please review this consent form, sign and return to your child's school or program representative.

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I hereby consent to my child being interviewed, photographed or videotaped at events hosted by My Heart's Appeal, Inc. (MHA), and any related in-school activities. Furthermore, I consent to the publication, exhibition or reproduction of any such interview material, photographs or videotapes to be used for public relations, news articles or telecasts, education, advertising, research, inclusion on the MHA website, fundraising or any other purpose.

I, the undersigned, also consent that I will not seek compensation for my child's participation herein.

School/Program of Child: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Signature of Child: \_\_\_\_\_

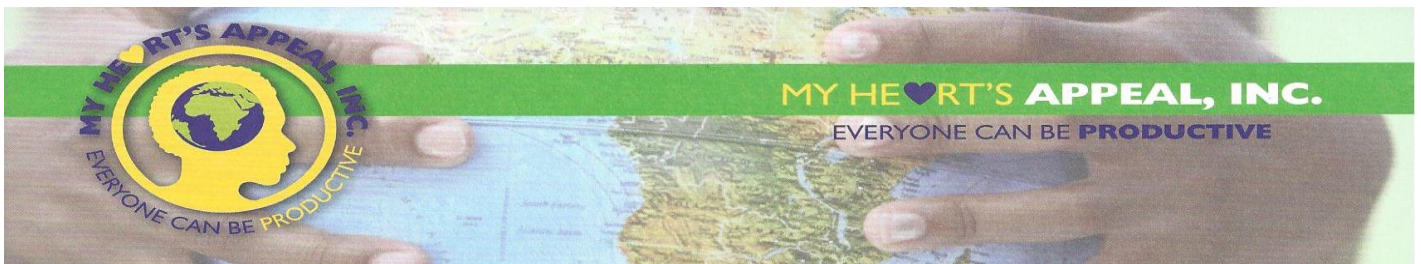
Date: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

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

Please return this completed form to your child's school or program representative.



## Adults Consent for Video and Photography Release Form

Photography is utilized at *My Heart's Appeal Center* for the following purposes:

1. To develop a pictorial journal of the development and ongoing programming of this organization;
2. To encourage other organizations and groups in Liberia and throughout West Africa to create their own version of *My Heart's Appeal Center*;
3. To utilize positive media communications to inform the public and the community of this organization;
4. To recruit volunteers and other supporters for the organization.

Your participation is strictly voluntary, both in the use of your names and your images in photos or videos.

Please indicate your permission to utilize your name and/or image for publicity of *My Heart's Appeal Center*:

I (circle one) **DO / DO NOT** give permission for my name and/or image and to be used or released in photos or videos.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Witness:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date