



“FREE 2 B ME”

Mentoring Program Youth Application

PARTICIPANT

Name: _____ Age _____ Grade _____

Current Address _____
Street City State Zip

Youth Phone Number: _____ Shirt size _____

Hobbies: _____ D.O.B _____

PARENT/GUARDIAN _____

Current Address: _____
Street City State Zip

Relationship to Youth _____

EMERGENCY CONTACT INFORMATION:

Name: _____
Name Cell Work



“FREE 2 B ME”

RELEASE OF INFORMATION And Permission to Participate in The Nakid Foundation Free 2B ME Mentoring Program

I _____ as the legal guardian of _____
Parent/guardian youth participant

give my permission for _____ to participate in the
Nakid Youth Participant Mentoring Program. This permission extends to the
following activities: Please initial ONLY those areas for which you are extending
your permission. Initial:

_____ approved activities (field trips, fundraisers)

_____ Group meetings

_____ Activities with Mentor and Volunteers

_____ photographs/video taken for
website/KFDM/PANEWS/Facebook/Instagram

Will member have transportation to and from various events? ___yes ___no

PARENT/GUARDIAN SIGNATURE

DATE

PRINT NAME

PHONE NUMB