

YOUTH MENTEE APPLICATION
(To Be Completed by Parent/Guardian) Personal Information

Youth's Name _____

Date _____

Parent/Guardian:

Name _____

Relationship to Youth: Mother Father

Other (please specify) _____

Street Address: _____

City: _____ State: _____

Zip: _____ Home Phone: _____ Work _____

Phone: _____ Cell phone: _____

Youths Date of Birth: _____ Age: _____

Gender: Male Female

Ethnicity: White Hispanic African American Asian Other (please specify) _____

Name of School: _____ Grade: _____

Emergency Contact Name: _____

Phone: _____

Please list all members of your household. Name Gender Age Relationship to Applicant

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Please read this carefully before signing: We appreciate you and your child's interest in his/her becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their son/ daughter to participate in the mentoring program.

After receiving this completed application from you, we will evaluate the information and send you a letter letting you know if your child has been accepted into the mentoring program. Much of the information that you supply in this application packet will be used to match your child with an appropriate mentor. Therefore, the mentoring staff may, at times, need to access and share this information with prospective mentors and other parties when it is in the best interest of the

match. However, we do not reveal names until there is an initial interest from the mentee, parent/guardian, and mentor based upon anonymous information provided about each other.

Please INITIAL each of the following:

____ I give my informed consent and permission for my child to participate in the Destined for Greatness Mentoring Program and its related activities.

____ I agree to have my child follow all of the mentoring program guidelines and understand that any violation on my child's part may result in suspension and/or termination of the mentoring relationship.

____ I hereby acknowledge that my child may be transported by his/her mentor while participating in the mentorship program, and that such transportation is voluntary and at his/her own risk.

____ I release the Destined for Greatness Mentoring Program of all liability of injury, death, or damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

I understand that I must return all of the following completed items along with this application, and that any incomplete information will result in the delay of this application being processed: • Signed application • Contact and Information Release Form • Youth Mentee Guidelines/Instructions Form

By signing below, I attest to the truthfulness of all information listed on this application and agree to all of the above terms and conditions.

Parent/Guardian Signature Date