



From Pain to Progress Mentoring & Outreach Program

Founder: Gerrelian Ragland
Vice President: Jessica Ragland

Participant Information

Full Name: _____

Date of Birth: _____

Age: _____

Gender: _____

Parent/Guardian Information (if under 18)

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Address: _____

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Program Interests

Mentorship Life Skills Education Career Development Outreach

Other: _____

Background Information

Challenges you have faced: _____

Goals for joining: _____

Medical Information (Optional)

Allergies/Conditions: _____

Consent & Agreement

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Media Release

I give permission for photos/videos

I do NOT give permission

Signature: _____ Date: _____