

Youth Information

Youth Full Name: _____

Birth Date: _____ Male or Female _____

School of attendance _____ Grade Level _____

Top 3 Interests _____

What should we know about your child so they can be paired with the best match possible?

Parent/Guardian Information

Parent/Guardian's Full Name: _____

Street Address: _____ City/State: _____

Zip Code: _____

Phone Number: _____ E-Mail: _____

Emergency Contact Information

Name: _____

Primary Phone: _____

Relationship: _____

Forms of Contact (Check All that you would like to apply)

- Virtual Meet (ZOOM/Google Meets)
- Phone Call/Texting through Be Awesome Mentor's Agency Line
- E-mail from Be Awesome Mentor's Agency E-mail
- Video Game Platforms (Xbox/PlayStation) Using Agency Accounts
- Messaging through Mentor's Agency Social Media Accounts
- In-Person @ Mutual In-Door Meeting Place (Coffee Shop/McDonald's/Library etc.)
- In-Person @ Local Park (Copper Sky/Pacana Park/Neighborhood or Subdivision etc.)

Availability for Meetings

What are days and times are good for meet ups:

Monday	Tuesday	Wed	Thursday	Friday	Saturday

Be Awesome
PO BOX 144
Maricopa, AZ 85139

Informed Consent for Student Participation in Be Awesome Mentorship Program

Be Awesome, a non-profit organization, provides, 1:1 and group mentorship to youth in need of positive adult influences on their lives. The program supports youth by mentoring in a way that encourages improvement in academic achievement, behavior, and social skills.

In order for your child to participate in this program, we require your informed consent. The purpose of this form is to inform you of the program requirements and obtain your informed written consent to allow your student to participate in this mentoring opportunity.

I understand and give informed consent for the following program requirements:

1. My student will be partnered with a Be Awesome adult, who has been screened, fingerprinted, and trained through Be Awesome.
2. My child will participate in weekly meetings for a minimum of 30 minutes a week through remote, and in person meetings.
3. My child will have the opportunity to meet in small groups with the Be Awesome adults and other youth in the program after school to focus on homework completion, recreational and other mentoring activities.
4. My child's Be Awesome adult will communicate with me regularly to schedule meetings.
5. My child's academic records, including but not limited to, report cards, attendance records, grades, progress reports and teacher reports will be shared with Be Awesome staff in order to individualize the mentoring support for my student as well as collect data to determine the effectiveness of the mentoring program and services. These will be provided quarterly.
6. The Be Awesome staff will take reasonable steps to ensure full compliance with the Family Educational Rights and Privacy Act (FERPA) when accessing protected student information.
7. The granting of my consent is voluntary and may be revoked at any time. Unless or until I revoke my consent, this document will remain in effect. If I revoke my consent, I realize the revocation is not retroactive, which means it does not undo any records disclosure or student participation that has already taken place, but it will stop any future records disclosure and student participation.

By signing below, you are providing your informed voluntary consent to allow the student named below to participate in the Maricopa CAASA mentorship program.

Name of Child – Please print

Name of School – Please print

Printed Name of Parent/Guardian

Phone Number

Signature of Parent/Guardian

Date

Be Awesome Media Release Form

I (Parent/Guardian's Name) _____ hereby authorize the Be Awesome and the project sponsors to use, reproduce, and or publish all written and or visual ' materials, photographs, and videos that pertain to

(Youth's Name) _____. I understand that this material may be used in various publications, promotional materials or for other related endeavors.

This material may also appear on the agency or project sponsor's internet web page. Consequently, the agency and public sponsor may publish materials, use my name, or photograph or video. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization.

Signature

Date

For more information of questions please contact Anthony Gonzalez at agonzalez@beawesomeyouth.life or call/text 520-428-1441.