

Shaping Junior Minds



Mentee Application

Shaping Junior Minds Mentoring Program appreciates 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 Shaping Junior Minds Mentoring Program

Child's information:

Name:	
Phone Number	
Email:	
Gender	
Date of Birth:	
School & Grade	

Parent/ Guardian information:

Parent/ Guardian Name:	
Relationship to Mentee::	
Address:	
Zipcode:	
Tel No:	
Email:	

Application Questions:

Why do you/your child want to participate in a mentoring program:

Is your child able to have contact with a mentor? If not, please state why

Is your child currently having any problems either at home or school? yes / no
If yes, please state the problems their experiencing

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Has your child experienced any traumatic events that may need to be known to the mentor (eg. death in the family, abuse, divorce)?
(optional) yes / no

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Can you provide any additional background information that may be helpful to SJM Mentoring Program in matching your son/daughter with an appropriate mentor? yes / no

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ACTIVITIES AND INTERESTS:

Any extra activities and interests:
(e.g. advising students, Committee membership)

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CAREER CHOICE:

State if there is anything your child would particularly like to achieve in their professional/personal life that you feel a Mentor could support you with.

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WHAT HELP WOULD YOU LIKE TO RECEIVE FROM A MENTOR?

Mention if you have any strong preferences about what you are looking for from a Mentor:

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Terms and Conditions:

	Initial
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I give my informed consent and permission for my child to participate in the Shaping Junior Minds Mentoring Program and its related activities _____

I agree to have my child follow all 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 release Shaping Junior Minds Mentoring Program of all liability of injury, death, or other 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 Shaping Junior Minds 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 agree to allow Shaping Junior Minds Mentoring Program & Seven J Ministry to use any photographic or video image of my child taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials (optional) _____

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

Signature :

Date:

