



DREAM LEADERS MENTOR PROGRAM APPLICATION

Participant Information:

Last Name : _____ First Name: _____ M.I. _____

Female__ Male__ Birthday: _____ Grade _____ School: _____

Home Address: _____ Apt: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Race: _____ (**Note: This information is only to ensure a diverse environment)

Parent/ Guardian Name: _____ Phone: _____

Parent/Guardian Email: _____

Short Answers: Please answer the following questions as specifically as possible.

1. Why do you want to have a mentor?
2. What qualities would you most like in your mentor?
3. What do you think you want to study in college? What career would you like to have when you grow up?
4. Please list all your hobbies and interests. The more you tell us, the better we'll be able to match you to the best suited mentor for you!

Commitment Statement:

I understand that by signing up for the Dream Leaders Mentoring Program, I am making a commitment to meet with my mentor **a minimum of 6-8 hours per month, including 4 Dreams for Kids community service events, for twelve months.** I will maintain regular communication with my mentor and attend all mentoring events.

Signature: _____

Date: _____

PARENT/GUARDIAN PORTION (IF MENTEE IS UNDER THE AGE OF 18)

Emergency Contact Information: In case of emergency, my child’s mentor should contact:

Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

I understand that by my signing up for the Dream Leaders Mentoring Program, he/she is making a commitment to meet with his/her mentor **a minimum of 6-8 hours per month, including 4 Dreams for Kids community service events, for at least twelve months.** I will encourage my child to maintain regular communication with my mentor and attend all mentoring events. I understand that my child will be spending time alone with the Mentor carefully screened by Dreams for Kids.

Accident, Illness or loss

- ❖ I certify that in case of accident or illness, the Mentor has my authority to secure medical attention if unable to communicate with me/my child directly.
- ❖ I agree to waive any claims for negligence or intentional acts against Dreams for Kids, its volunteers, or any organization working or sponsoring them, for injuries that may result from the conduct of other persons, including participants in the Dreams for Kids program.
- ❖ I understand that Dreams for Kids is not responsible for lost, stolen, or damaged articles.
- ❖ I am aware that it is my/my child’s responsibility to administer any routine medications and to alert facilitators and/or the program director of any medical complications or allergic reactions.

Transportation/photos

- ❖ I give permission for me/my child to participate in Dreams for Kids planned activities, participate in authorized trips and to ride authorized vehicles for this purpose of transportation to off-site activities or for medical care.
- ❖ I hereby authorize and give my full consent to Dreams for Kids to copyright and/or publish any and all photographs, videotapes, and/or film in which I or my child appears while attending any Dreams for Kids event. I further agree that Dreams for Kids may transfer, use, or cause to be used, these photographs, videotapes, or films at their discretion

I/we have read the above waiver and release, understand that I/we have given up substantial rights by signing it, have not changed it orally, and sign it voluntarily. I hereby acknowledge that I am not currently under the jurisdiction of any court order or legal guardianship which would prevent me from having the legal capacity to sign this document and that these permissions will stay valid until I provide written documentation otherwise.

GUARDIAN NAME

GUARDIAN SIGNATURE

DATE