



Participant Registration

(To be completed by Parent/Guardian on behalf of the child)

Participant / Mentee Information

Participant Name: Last First M.I. Date:

Date of Birth: Age: Gender: Male Female FTM MTF Other

Student # Address: Street Address Apartment/Unit #

City State Zip Code

Primary Phone: Cell Phone:

Emergency contact name and number:

School attending: Grade:

Annual Family Size: Income: Email Address:

Race: Black/African American White Bi-Racial Multiracial Asian/Pacific Islander Hispanic/Latino/a Native American/American Indian Other

Please list all hobbies/ interests:

What goals do you hope mentorship will assist you in achieving?

1.

2.

Parent/Guardian Information

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

Parent/Guardian Occupation _____

Child currently resides with: Mother Father Both Parents Other: _____

1. Why do you/your child want to participate in a mentoring program?

2. Briefly describe your expectations of the mentoring program?

3. Is your child available to meet with a mentor a minimum of one hour per week? ____ Yes ____ No Please explain any particular scheduling issues that you may have.

4. Describe your child's school performance including grades, homework, attendance, behaviors, etc.

5. Is your child currently having problems either at home or at school? If yes, please provide details.

6. Can you provide any additional background information that may be helpful in matching your son/daughter with an appropriate mentor? (Anything that we should be aware of that could be a trigger for you or your child).

7. Is there anyone your child should not have contact with?

Grade/Conduct Release

I hereby grant permission for my child's school to release attendance, conduct records, and grades to the Urban League of Palm Beach County, Inc. I understand ULPBC uses the participants' information to improve their participation in the program.

Signature of Parent/Guardian

Date

Youth Project Consent Form

Thank you for allowing your child to participate in the MENTOR V program at the **Urban League of Palm Beach County, Inc.** Program participants, with the guidance of **Urban League of Palm Beach County, Inc.** staff, will explore their goals for the future and participate in activities to prepare them for college, work, and life. Your child will be involved in service learning projects within the community to further their preparedness. The program promotes progress in school and reduces behaviors which may hinder your child's most successful growth and achievement.

Please initial the consent below

Consent to Participate in the MENTOR V Program. I, the undersigned, am the Parent or Guardian of the child named below who is to participate in programs provided by **Urban League of Palm Beach County, Inc.** during the current school year. I am aware that there are potential hazards and risks involved in some programs. I am allowing the child mentioned above to participate in all aspects of the program (including field trips and transportation) under the supervision of **Urban League of Palm Beach County, Inc.** staff. Agency staff will accompany off site activities. I agree to hold harmless and indemnify **Urban League of Palm Beach County, Inc.,** its Board of Directors, and/or its employees, agents, or lessors from any and all claims by myself, my teen, my heirs, my family, or my assigns.

_____ **Yes** _____ **No**

Consent to Use Photographs I give my consent to **Urban League of Palm Beach County, Inc.** to use videos and/or photographs of my teen for brochures, to display in photo albums, in advertisements, or for other publicity purposes. If my teen's photo is used, he/she/they will only be identified by first name.

_____ **Yes** _____ **No**

Child's Name

Parent or Guardian Signature
OR Teen signature if 18 or over or emancipated

Print Name

Date

Consent to Use Virtual Online Platforms I give consent to the **Urban League of Palm Beach County, Inc.** to use virtual online platforms Zoom, Google, Khan Academy, Webex and others, to provide enrichment tutorials, workshops, academic engagements, and trainings for the youth participants in our Project Ready Mentor V Program.

_____ **Yes** _____ **No**

Child's Name

Parent or Guardian Signature
OR Teen signature if 18 or over or emancipated

Print Name

Date

Contact Information:

*LaToya Stevenson, MSW
Project Coordinator, Project Ready Mentor V
Urban League of Palm Beach County, Inc.
1700 N. Australian Avenue
West Palm Beach, FL 33407
Cell: 561-335-4929
Email: l Stevenson@ulpbc.org*

*Tomas Evangelista
Sr. Director of Programs and Operations
Urban League of Palm Beach County, Inc.
1700 N. Australian Avenue
West Palm Beach, FL 33407
561-833-1461 ext. 3025
Email: Tevangelista@ulpbc.org*