



“I CAN ONLY BE ME”

Mentoring Program
Youth Application

PARTICIPANT

Name: _____ Age _____ Grade _____

Current Address _____
Street City State Zip

Youth Phone Number: _____ Shirt size _____

Hobbies: _____ D.O.B _____

PARENT/GUARDIAN _____

Current Address: _____
Street City State Zip

Relationship to Youth _____

EMERGENCY CONTACT INFORMATION:

Name: _____
Name Cell Work



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**RELEASE OF INFORMATION
and Permission to Participate in Girlie Girls Mentoring Program**

I _____ as the legal guardian of _____
Parent/guardian youth participant

give my permission for _____ to participate in the Girlie
youth participant

Girls Mentoring Program. This permission extends to the following activities:

Please initial **ONLY** those areas for which you are extending your permission.

Initial:

_____ approved activities (field trips, fundraisers)

_____ group meetings

_____ activities with Mentor and Volunteers

_____ photographs/video taken for website/KPLC/American Press/Facebook

Will member have transportation to and from various events? ____yes ____no

PARENT/GUARDIAN SIGNATURE

DATE

PRINT NAME

PHONE NUMBER

