



# Youth Application Form

Date \_\_\_\_\_

Youth's First Name \_\_\_\_\_

Youth's Last Name \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Relationship to Youth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Primary Phone \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about Guiding Light?

Ad  Guiding Light Mentoring Staff  Family Member

Website  Current Volunteer  Friend

University  Current Mentee

## Youth's Personal Information

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

# Youth's Personal Information cont.

Ethnicity

African American

Caucasian

Asian

Hispanic

Other, please specify.

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Name of School \_\_\_\_\_

Grade \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

List All Members Of Your Household (Name, Sex, Age, Relationship to Applicant)

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# Application Questions

Please Answer all of the following questions as completely as possible.  
If you need more space to write, please write on a separate sheet and attach with completed application.

Why do you and your child want to participate in a mentoring program?

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Briefly describe your expectations for Guiding Light Mentoring.

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Is your child available to meet with a mentor at a minimum of four hours per month and have contact at least once a week for a minimum of one year? Please explain any particular scheduling issues.

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Is your child willing to attend an initial meeting to meet the other mentees and mentors?

**Yes No**

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

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## Application Questions cont.

Does your child have friends? Please describe his/her friendships.

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Is your child currently having any problems either at home or school?

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Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.

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Can you provide any additional background information that may be helpful to Guiding Light in matching your son/daughter with an appropriate mentor?

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## Medical History

Does your son/daughter have any physical problems or limitations?

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# Medical History cont.

Is your son/daughter currently receiving treatment for any medical issues?

**Yes No**

Is he/she currently on any type of medication? If yes, please specify.

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Does your son/daughter have any known allergies or adverse reactions to medications? If yes, please specify.

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Does your son/daughter have any emotional issues or problems right now?

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Is your son or daughter currently seeing a counselor or therapist? If so, which doctor?

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# Other Applicant Information

What are the most convenient times to meet? Please check all that apply.

Lunchtime

Evenings

During School

Weekends

After School

Do you speak any languages other than English? If so, which languages?

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What are some favorite things you like to do with other people?

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What are your favorite subjects in school?

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If you could learn about a job/career, what would it be?

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## Other Applicant Information cont.

What are your favorite subjects to read about?

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What is one goal you have set for the future?

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If you could learn something new, what would it be?

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What person do you most admire and why?

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Describe your ideal Saturday.

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## Other Applicant Information cont.

Please check all activities you are interested in.

- |                                  |                                   |                                    |   |
|----------------------------------|-----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Biking  | <input type="checkbox"/> Boating  | <input type="checkbox"/> Eating    | <input type="checkbox"/> Board Games          |
| <input type="checkbox"/> Hiking  | <input type="checkbox"/> Swimming | <input type="checkbox"/> Gardening | <input type="checkbox"/> Going to the Library |
| <input type="checkbox"/> Golf    | <input type="checkbox"/> Animals  | <input type="checkbox"/> Cooking   | <input type="checkbox"/> Yoga                 |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Science  | <input type="checkbox"/> Sports    | <input type="checkbox"/> Movies               |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Music    | <input type="checkbox"/> Parks     | <input type="checkbox"/> Shopping             |

Other, please specify.

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Any other areas of special interest to you and your child?

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**GUIDING LIGHT MENTORING**  
**APPLICATION PACKET**

**This packet includes the following:**

- 1. Guardian Consent and General Waiver and Release From Liability For Minor**
- 2. Contact and Information Release**
- 3. Mentee Interest Survey Form**
- 4. Mentee/Guardian Contract**
- 5. Acknowledgment of Receipt**
- 6. Plan Signatures Page**
- 7. Mentee Code of Conduct**

Guiding Light Mentoring appreciates you and your child's interest in his/her participating in Guiding Light Mentoring's programs and becoming a mentee.

The information in this application packet is intended as a means of informing you as a parent/guardian and your child about Guiding Light Mentoring and its programs and gaining your consent as parent/guardian to allow your son/daughter to participate in Guiding Light Mentoring's programs. You acknowledge and agree that your child's participation in Guiding Light Mentoring's programs is conditioned on your review and execution of this application packet.

Please know that after receiving this completed application packet from you, we will evaluate the information and personally contact you letting you know if your child has been accepted into the mentoring program. Much of the information you supply in this application packet will be used to match your child with an appropriate mentor. Therefore, the mentoring staff may, at times, need to access and share this information with prospective mentors and other parties when it is in the best interest of the match. However, we do not reveal names until there is an initial interest from the mentee, parent/guardian, and mentor based first upon anonymous information provided about each other.

**Please read all of the information in this packet carefully before signing. Please note that this application packet includes a waiver and general release of liability and that your child's participation is expressly conditioned upon your execution as parent/guardian of that waiver and release on behalf of your minor child. Please let us know if you have any questions or comments about Guiding Light Mentoring, our programs, or the information in this application packet. Please be advised that you should seek independent legal counsel if you have any questions regarding the waiver and general release of liability on behalf of your minor child and your assumption of risk as participant in Guiding Light Mentoring's programs.**

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

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Parent/Guardian (printed name)

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Parent/Guardian (signature)

Date: \_\_\_\_\_

**GUIDING LIGHT MENTORING**  
**PARENTAL/GUARDIAN CONSENT**  
**AND**  
**GENERAL WAIVER AND RELEASE**  
**FROM LIABILITY**  
**FOR MINOR**

**I acknowledge and agree that my child's participation in Guiding Light Mentoring's programs is expressly condition upon my execution of this general waiver and release form liability as parent/guardian on behalf of my minor child.**

**I also hereby agree as follows (please initial each of the following):**

\_\_\_\_\_ I give my informed consent and permission for my child to participate in the Guiding Light Mentoring program and its related activities, and realize that all participation in Guiding Light Mentoring's programs is voluntary.

\_\_\_\_\_ 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.

\_\_\_\_\_ (optional) I agree to allow Guiding Light Mentoring to use any photographic image of my child taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

\_\_\_\_\_ I acknowledge that Guiding Light Mentoring does not provide supervision for participants before or after scheduled programs.

\_\_\_\_\_ **I (a) acknowledge and agree that, by virtue of participation in Guiding Light Mentoring's programs, my child risks illness, bodily injury and possible death, including those injuries that result from the circumstances or actions of persons who are not employees or agents of Guiding Light Mentoring, and (b) hereby knowingly and freely assume all such risk.**

\_\_\_\_\_ **I hereby acknowledge that my child will be transported by his/her mentor and/or Guiding Light Mentoring staff or representatives while participating in the Guiding Light Mentoring program, and that such transportation is voluntary and at his/her own risk.**

\_\_\_\_\_ **I hereby release and hold harmless and waive the right to take legal action against Guiding Light Mentoring, its board of directors, advisory board members, staff and volunteers (collectively, "Released Parties") for any and all loss or damage, and any and all claims that may now exist or arise in the future on account of any and all illnesses and injuries (including, but not limited to, illness, bodily injury or death) which relate to my child's participation in Guiding Light Mentoring's programs, including, but not limited to, those resulting from the negligence of one or more of the Released Parties.**

\_\_\_\_\_ I will indemnify and hold harmless all of the Released Parties from any loss, liability, damage, or cost that any of the Released Parties may incur due to my child's involvement in Guiding Light Mentoring's programs, regardless of the basis of such loss, liability, damage or cost, including, but not limited to, the negligence of one or more of the Released Parties.

\_\_\_\_\_ If my child requires any emergency medical procedures or treatments while participating in Guiding Light Mentoring's programs, I consent to the Released Parties taking, arranging for, or consenting to the procedures or treatments in the Released Parties discretion. I hereby release the Released Parties from and against any and all claims and liability arising from or related to the provision, authorization and administration of medical treatment, services and medication to my child in accordance with this provision.

\_\_\_\_\_ I expressly agree that this waiver and general release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and that if any portion of this waiver and general release is held invalid or unenforceable, it is agreed that the balance of this waiver and general release shall, notwithstanding, continue in full legal force and effect.

\_\_\_\_\_ I certify that as the parent/legal guardian of the participant, I consent to this waiver and general release as set forth above not only to my child's release and indemnification of Guiding Light Mentoring, but also for myself and my heirs, assigns and next of kin.

THE UNDERSIGNED HAS CAREFULLY READ THIS PARENTAL/GUARDIAN CONSENT AND GENERAL WAIVER AND RELEASE FROM LIABILITY FOR MINOR AND FULLY UNDERSTANDS ITS CONTENTS. THE UNDERSIGNED IS AWARE THAT THIS IS A CONTRACT AND A GENERAL RELEASE OF ANY LIABILITY BETWEEN PARENT/GUARDIAN, THE MINOR CHILD PARTICIPANT AND GUIDING LIGHT MENTORING. THE UNDERSIGNED SIGNS THIS RELEASE OF THEIR OWN FREE WILL. BY SIGNING THIS RELEASE, THE UNDERSIGNED CERTIFIES THAT THEY ARE AT LEAST EIGHTEEN YEARS OF AGE.

To express my understanding of this Release, I sign here:

\_\_\_\_\_  
Parent/Guardian (printed name)

\_\_\_\_\_  
Parent/Guardian (signature)

Date: \_\_\_\_\_

Please return completed form to:  
**6240 Hamilton Avenue Suite #4**  
**Cincinnati, Ohio 45224**

If you have questions, please contact:  
**info@guidinglightmentoring.org**  
**513.541.9777**