

100 Black Men of Coastal North Carolina, Inc.



"What They See Is What They'll Be"

CNC Mentoring Program

Mentee Name



MENTEE APPLICATION

(Please type or Print)

I. Student Data

Home Phone: _____ Birth date: _____ Shirt Size: _____
Address: _____
City/Town: _____ State: _____ Zip: _____
Email Address: _____
Home Phone: _____ Cellular Phone: _____
Emergency Contact Name: _____ Phone Number _____
School: _____ Grade Level: _____

II Family Data

Please indicate "same" where appropriate.

MOTHER

Name: _____
Address: _____

FATHER

Name: _____
Address: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Home Email: _____

Home Email: _____

Student lives with (*check all that apply*):

Mother: ____ Father: ____ Guardian (specify): _____

Sibling (s): Name Age.....

Name..... Age

Name Age.....



MENTEE STANDARDS FOR SUCCESS

Students who participate in the Mentoring Program must meet several standards for success in the areas of attitude, attendance and attire. Adherence to these standards prepares them for long-term success.

ATTITUDE

- I will maintain appropriate behavior standards in school and in sessions
- I will treat others with respect at all times
- I will not use iPods or like, radios, etc. during sessions
- I will not use profanity during sessions
- I will not bring weapons of any kind to sessions

ATTENDANCE

- I will attend all sessions when I am in school

ATTIRE

- I will wear appropriate attire to Mentoring sessions

Mentee's Signature

Date

Parent/Guardian's Signature

Date



PARENT/GUARDIAN INFORMATION AND CONSENT

Please read and sign the following to indicate your consent for your son to participate in the 100 Black Men of Coastal North Carolina Mentoring Program (100 BMOCNCP).

Please initial & date each of the following:

_____ I give my informed consent and permission for my child to participate in the 100 BMOCNCP 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 hereby acknowledge that if my child is transported by his mentor and/or 100 BMOCNCP Mentor or representatives while participating in the 100 BMOCNCP, that such transportation is voluntary and at his own risk.

_____ I release the 100 BMOCNCP of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his participation in the program, including but not limited to transportation, and hold harmless any 100 BMOCNCP mentor, Case manager/principal, 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 100 BMOCNCP to use photographic images 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.

Parent/Guardian Signature

Date



MENTEE'S MEDICAL HISTORY

Please provide all the following information. If more space is needed, use an extra sheet of paper or write on the back of this page.

Name of Primary Care Physician: _____

Phone No.: _____

Medical Insurance Provider: _____ Phone No.: _____

Policy Number: _____

1. Does your son have any physical problems or limitations? If so, describe them.

2. Is your son currently receiving treatment for any medical or other challenges

3. Is he currently on any type of medication? If so, please specify

4. Does your son have any known allergies or adverse reactions to medications? If yes, please describe them below.

5. Are there any other medical challenges or limitations that we need to know about? If so, please describe them.



MEDIA RELEASE FORM

☐ YES, I give 100 Black Men of Coastal North Carolina, Inc. permission.

☐ NO, I do not give 100 Black Men of Coastal North Carolina, Inc. permission

This Media Release shall confirm the authorization to the 100 Black Men of Coastal North Carolina, and its sponsors, advertisers, promoters and media partners to use visual images of my minor child _____ in connection with any programs or projects of the 100 Black Men of Coastal North Carolina, including but not limited to photographs, video and/or film productions and print media of my child in furtherance of the programs and purposes of the 100 Black Men of Coastal North Carolina. In granting this permission and release, I understand that the images may appear in a variety of forums, including but not limited to magazines, newspapers, books, brochures, newsletters, television, videotape, advertisements and the internet.

I release the 100 Black Men of Coastal North Carolina from any and all claims arising out of or in connection with the use of my minor child's images, and hereby release waive and discharges any and all claims in this connection including but not limited to any and all claims invasions of privacy, defamation infringement, or other tort. I further warrant and agree that this authorization and release is not in breach of or contrary to any existing rights of another person or entity, an is valid and legally enforceable by the 100 Black Men of Coastal North Carolina. I further warrant and agree that I am the parent or legal guardian of the subject minor child and have the right to execute this release.

(Please Print)

Minor Child's Full Name: _____

Parent/Legal Guardian's Name: _____

Address: _____

City/State/Zip: _____

Home Telephone Number: _____

Parent/Legal Guardian's Signature: _____ Date: _____



AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Date:

Student Name:

Grade Level:

Student I.D. Number:
(if applicable)

Date of Birth:

Address:

Home Phone:

Student Name:..... is a participant in the **100 Black Men of Coastal North Carolina Mentoring Program** . One of the primary objectives of this program is to ensure the academic success of the participants.

In order to assist their efforts, I hereby authorize (School name).....

School to provide the **100 Black Men of Coastal North Carolina** with copies of all academic records at the end of each grading period, as well as records showing subjects, grades, credits, medical/health history, discipline record, cumulative data and psychological or Special Education test/reports when pertinent.

I, the undersigned parent, and/or legal guardian of (Student name) _____

Certify that I am aware that I have the right to review any of the above records upon request.

Parent/Guardian Signature

Parent/Guardian Name (Please Print)