



OPEN HEART LEADERS MENTEE APPLICATION

GENERAL INFORMATION

Name _____ Male
 Female

Address _____ City _____

Home Phone Number _____ Cell/Alternate Number _____

Email Address _____

Date of Birth _____ Age _____ Grade _____

Parent/Guardian Name _____ Relationship _____

Parent / Guardian's phone number if different from above _____

What language do you speak? _____

School Name _____

What is your favorite subject? _____

What is your least favorite subject? _____

What activities, clubs, sports, etc. are you involved in? _____

PERSONAL INFORMATION

"I would describe myself as..."

QUIET	OUTGOING	INQUISITIVE	SENSITIVE	HAPPY
ADVENTUROUS	NERVOUS	FRIENDLY	CONFIDENT	MOODY
WITHDRAWN	INSECURE	SPIRITUAL	TALKATIVE	SHY
INTROVERT	EXTROVERT	FUNNY	ATHLETIC	ANGRY

List a few of the jobs/professions you've been thinking about for yourself:

Please tell us what you hope to gain from this mentoring program. (For example: build new relationships, plan career goals, learn about what to expect in high school, in college or in life, how to do better in school.)

What do you want to learn from your mentor?

PREFERENCES/FAVORITES

What do you like to do the most in your free time?

(Check all that apply and give examples of your favorites)

- Watch Movies

Which ones? _____

- Play Video Games

Which ones? _____

- Listen to Music

What Kind? _____

- Play Music

What Instrument? _____

- Read

What Kind of Books? _____

- Play or Watch Sports

Which ones? _____

- Watch TV

Which shows? _____

- Favorite Food

What kind? _____

- Other specify

INTRODUCTION

Please introduce yourself to your mentor by writing a little bit about yourself. You can start by telling them your name, how old you are, where you live and what you expect to gain from this experience. Also let them know what your plans or goals after high school, college, university or in life and what you'd like to plan to prepare yourself to meet your goal. We will share this information with your mentor.

MENTEE PARENT/GUARDIAN CONSENT FORM

PERMISSION TO PARTICIPATE IN THE OPEN HEART LEADERS *MENTOR-MENTEE PROGRAM*

My son/daughter/child, _____, may participate in the Open Heart Leaders Mentor/Mentee Program.

PHOTO /VIDEO RELEASE

I understand that Open Heart Leaders Mentor-Mentee Program may attract attention from the media and there is a possibility that mentees will be photographed or recorded during their experience.

I grant permission to photograph or video my son/daughter. Yes No

MEDICAL AUTHORIZATION

Should it be necessary for my child to have medical treatment while participating in the Open Heart Leaders Mentor-Mentee Program, I hereby give Open Heart Leaders personnel permission to use their best judgment in obtaining medical service for my child, and I give permission to the physician selected by Open Heart Leaders personnel to render whatever medical treatment he or she deems necessary and appropriate. Permission is also granted to release necessary emergency contact/medical history to the attending physician, or to the workplace, if needed.

NAME

DATE OF BIRTH

ADDRESS

HOME PHONE

PARENT/GUARDIAN

DAYTIME PHONE INFORMATION

CONTACT OTHER THAN PARENT/GUARDIAN and RELATION TO STUDENT

DAYTIME PHONE INFORMATION

FAMILY DOCTOR

PHONE

PREFERRED HOSPITAL

PHONE

Does your child require any special accommodations due to medical limitations, disability, dietary constraints or other restrictions? Example (Allergies) please explain.

I hereby agree to all of the above authorizations and permissions.

SIGNATURE OF PARENT/GUARDIAN

DATE