



Sisters Providing Inspiration, Care and Empowerment

S.P.I.C.E GIRLZ MENTORING INC. PROGRAM

Mentee Application

(To Be Completed by the Parent/Guardian)

Personal Information

Mentee's Name: _____ Date: _____

Parent/Guardian Name: _____

Relationship to Mentee: Mother ___ Father ___ Other, specify: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Child's Date of Birth ___ / ___ / ___ Age: _____

Ethnicity: White: ___ Hispanic: ___ African American: ___ Asian: ___ Other: ___

Email Address: _____

Name of School: _____ Grade: _____

Emergency Contact Name: _____ Phone Number: _____

Medical History

Name of Primary Care Physician: _____ Phone No.: _____

Medical Insurance Provider: _____

Phone No.: _____

Does your daughter have any physical problems or limitations? _____

Is your daughter currently receiving treatment for any medical issues? _____

Is she currently on any type of medication? Is so, please specify.

Does your daughter have any known allergies or adverse reactions to medications? If yes, please describe them below: _____

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

Is your daughter currently seeing a counselor or therapist? _____

S.P.I.C.E GIRLZ MENTORING INC. PROGRAM

Parent and Child Commitment Letter

I, _____, agree to enroll and support my child, _____, as a mentee of the S.P.I.C.E. Girlz Mentorship Program. I understand that I am my child's primary role model and advocate, and that S.P.I.C.E Girlz Mentors will assist me with my child's growth and development. As a parent and child of the S.P.I.C.E. Girlz Mentorship Program, I agree to the following:

- Abide by the standards and guidelines of the organization.
- Respect each mentor's time and other commitments.
- As a parent, make arraignments and/or drop off for my child to attend the scheduled mentoring sessions.
- As a parent, notify at least one of the mentors if I am unable to make arraignments or drop off my child for the mentoring session.
- As a parent, notify at least one of the mentors two days prior to the session if my child is unable to attend mentoring session.
- As a parent I must attend three empowerment sessions of my choice throughout the enrolled year.
- As a mentee, seek guidance and assistance from my mentors.
- As a mentee, seek recognize that mutual respect, trust, and honesty are necessary to achieve a healthy and authentic relationship with my mentors.
- As a mentee, I will try my best to "abide by all these standards.
- As a mentee, I agree to make all workshops, empowerment sessions, events, enrichment programs and two community service outreach efforts throughout the enrolled year.
- As a mentee, I agree and understand that the following reasons are grounds for dismissal of the S.P.I.C.E. Girlz Program 1) disrespecting authority, 2) more than three consecutive absences, 3) use of vulgarities, 4) fighting and/or instigating any fight, 5) stealing

I agree with and will be able to fulfill the commitments outlined in this letter and those described in the "Roles and Responsibilities" document.

Child Signature _____ Date _____

Parent Signature _____ Date _____

Video, Image, and Audio Release Form

From time to time during the program session it may be necessary for S.P.I.C.E. Girlz committee to use photographs, audio recordings, and/or video footage of our mentees. These media outlets will consist of community service events and/or activities associated with the S.P.I.C.E Girlz Mentorship Program.

S.P.I.C.E Girlz would like your permission to use photographs, audio recordings, and/or video footage of your child for such purposes. We ask permission to include your child's name as appropriate in news releases, video produced by S.P.I.C.E. Girlz, brochures, and on S.P.I.C.E. website postings. Neither the S.P.I.C.E Girlz's organization nor any of its authorized webmasters, photographers, videographers, committee members, or officers receives monetary rewards resulting from use of such materials. All material shall be used for the sole purpose of marketing S.P.I.C.E. Girlz's programs.

Your signature below indicates your permission for photographs, audio recordings, and/or video footage to be used in the manner described above.

I hereby affirm that I am at least 18 years of age and/or the parent/guardian of the child named below. I hereby give my consent for her photographs, audio recordings, and/or video footage to be utilized for advertising, illustration, or publication on the S.P.I.C.E Girlz website, brochures, or newsletters and/or that her name is included in the published materials as appropriate.

Name: _____

Parent/ Guardian Name (print): _____

Signature: _____ Date: _____

Liability Release and Waiver Form

Topics such as religion, sex, drugs, alcohol, and female health will be discussed within the S.P.I.C.E. Girlz Program. These topics can be extremely sensitive areas and depending upon family values of our parents we would like permission to discuss and educate about preventive measures when these topics arise. It is our goal to educate and empower our daughters on these topics.

Parental involvement is encouraged and welcomed. Our belief is that we must work together to achieve our overall goals therefore an email will be sent to parents when these subjects will be discussed.

Your signature below indicates that you are at least 18 years of age and/or the parent/guardian of the child named below. Your signature also indicates your permission for your child to participate in the above-mentioned topics.

Name: _____

Parent/Guardian (print): _____

Signature: _____

Email: _____

Date: _____

S.P.I.C.E GIRLZ MENTORING INC. PROGRAM

S.P.I.C.E. Girlz Mentorship Program appreciates you and your child's interest in her becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their daughter to participate in the S.P.I.C.E. Girlz Mentorship Program. Please initial each of the following:

_____ I give my informed consent and permission for my child to participate in the S.P.I.C.E Girlz Mentorship Program 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 release the S.P.I.C.E. Girlz Mentorship Program of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from her participation in the program, including but not limited to transportation, and hold harmless any S.P.I.C.E Girlz mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

I understand I must return all the following *completed* items along with this application and any incomplete information will result in the delay of my application being processed

- Video, Image, and Audio Release Form
- Liability Release and Waiver Form
- Parent and Child Commitment Letter
- Informational Sheet

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