

rites of passage
Mentoring Application

ROP objective is to educate, motivate and empower youth to reach academic excellence, social maturity and excel intellectually in the classroom and life. Examples of leadership, manhood, and appropriate behavior are modeled and demonstrated for participants to emulate, pursue careers and be financially successful.

PARTICIPANT INFORMATION:

Name _____
(First name) (Middle name) (Last name)

Address _____

City _____ State _____ Zip Code _____

Phone # _____ Cell # _____

Age _____ Date of birth _____

School _____

SIBLING INFORMATION: (Name & Ages) _____

PARENT INFORMATION:

Name: _____
(First name) (Middle name) (Last name)

ADDITIONAL INFORMATION:

Please list any medical conditions, or medical needs....

Special Restrictions: _____

Would you be available to help at special events and attend some field trips? _____

In consideration of my being allowed to participate with the African American Men of Unity, use our facilities, equipment , transportation and etc.... I do hereby waive release and forever discharge African American Men of Unity and it's elected officials, agents, employees, representatives, and volunteers from any and all responsibility or liability for injuries or damages resulting from me or my child's participation in any activities or use of equipment in the activities at said facility or in outside activities being transported or sponsored by African American Men of Unity or its partners/sponsors. Photos/videos may also be used of clients to promote impact of services.

Reason for referral: *Mentoring ___ *Positive Role Model ___ *Attitude ___ *Probation ___
*Behavior ___ * Tutoring ___ *Job Readiness ___ *Anger ___ *Community Service ___

Referred by : _____

Parent Signature: _____