



**Application Questions** Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper. Fill this out with your child.

1. Favorite subjects and activities in school? Least favorite?

---

---

---

2. After School activities, clubs, sports (include what you would like to do if you could)?

---

---

---

3. Hobbies or things you'd like to try?

---

---

---

4. What do you want to be when you grow up?

---

---

---

5. Why would you like to part of the program?

---

---

---

---

---

---

---

---

---

---

I would describe myself as (or my friends would describe me as):

Talkative Energetic Friendly Funny Serious Quiet Shy Serious Enthusiastic

Thoughtful Honest Adventurous Negative Happy Sad Sassy Popular Polite

Other: \_\_\_\_\_

**For Parents:**

1. Why do you want your child to participate in the program?

---

---

---

2. What do you hope your child will get out of the program?

---

---

---

3. Is your child able to meet with a mentor a minimum of one hour per week and participate in planned events throughout the year? \_\_\_\_ Yes \_\_\_\_ No

Please explain any particular scheduling issues that you may have.

---

---

---

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

---

---

---

5. Is your child currently having problems either at home or at school? If yes, provide details.

---

---

---

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

---

---

---

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

---

---

---

8. Does your child require any specific social or emotional support? If so, please elaborate.

---

---

---

9. Is there anything else that would be helpful for us to know about your child?

---

---

---

# INTEREST INVENTORY

Name \_\_\_\_\_

Date \_\_\_\_\_

Put a checkmark or "X" next to all the activities that you like to do or would like to try. You can "star" the ones you really, really want to do.

## SPORTS

- Archery
- Baseball
- Basketball
- Boating
- Bowling
- Cross country skiing
- Downhill skiing
- Field Hockey
- Football
- Frisbee
- Golf
- Hockey
- Martial Arts
- Ping Pong
- Rowing
- Soccer
- Softball
- Tennis
- Track
- Wrestling
- Weight lifting

Other:

## OUTDOOR

- Bicycling
- Boating
- Camping
- Canoeing
- Animals
- Gardening
- Hiking
- Horseback riding
- Hunting
- Ice Fishing
- Ice skating
- Jogging/running
- Remote control cars
- Rock climbing
- Rollerblading
- Sightseeing
- Sledding
- Snowmobiling
- Swimming
- Walking
- Waterskiing

Other:

## INDOOR

- Board games
- Cards games
- Crafts
- Computers
- Cooking
- Dancing
- Drawing
- Fashion
- Knitting
- Legos
- Museums
- Music
- Painting
- Plays/Theater
- Pottery
- Quilting
- Reading
- Sewing
- Singing
- Tinkering/building
- Woodworking

Other:

# YOUTH/PARENT GUIDELINES/RESPONSIBILITIES

**YOUTH: To participate in the empowerment program I, \_\_\_\_\_ will**

1. Be dependable & punctual! If I will be late/absent, it is my responsibility to inform you
2. Refer any of my concerns to my guardian/contact person immediately.
3. Never take any kind of medication (i.e., aspirin) from anyone without proper consent
4. Retain responsibility for my own learning
5. Be respectful of others & respect cultural, social differences & religious beliefs.
6. Communicate directly, honestly & openly, be curious, pose questions, share ideas
7. Be willing to listen & take on constructive feedback & advice
8. Not use or have alcohol, cigarettes, vapes or illegal substances
9. Not travel/participate in trips/activities without written consent from parent/guardian.
10. Not intimidate, bully, threaten, use violence or carry any dangerous objects
11. Not use profanity, inappropriate language, derogatory comments or gestures
12. Participate in the full program: curriculum, community service, workshops etc.

\_\_\_\_\_ Youth Mentee Signature \_\_\_\_\_ Date

**PARENT: To support my child in the empowerment program I, \_\_\_\_\_ will**

1. Demonstrate interest and keep informed about my child's progress
2. Support the youth guidelines for the program and ensure my child follows them
3. Actively participate in my child's development and if possible volunteer/chaperon
4. Assure my child attends, participates and is on time to planned activities and trips
5. Attend events presented by the program for parents and the community
6. Not send my child to activities or trips if they are ill & will inform you of their absence

\_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_ Date

# MEDICAL FORM

In the event of a medical emergency, I give my permission for medical staff to treat my child, \_\_\_\_\_ (child's full legal name).

## Medical History

Name of Primary Care Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your son/daughter have any physical problems or limitations? \_\_\_ Yes \_\_\_ No

Is your son/daughter receiving treatment for any medical issues? \_\_\_ Yes \_\_\_ No

Is he/she currently taking any type of medications? \_\_\_ Yes \_\_\_ No

If yes, please explain \_\_\_\_\_

For what conditions: \_\_\_\_\_

Does your son/daughter have any known allergies or adverse reactions to medications?

If yes, please explain \_\_\_\_\_

Does your son/daughter have any emotional issues right now? \_\_\_ Yes \_\_\_ No

If yes, please explain \_\_\_\_\_

Is your son/daughter currently seeing a counselor or therapist? \_\_\_ Yes \_\_\_ No

If yes, please explain \_\_\_\_\_

## Emergency Contacts:

Name, Phone & Relationship to Mentee \_\_\_\_\_

Name, Phone & Relationship to Mentee \_\_\_\_\_

Name of Parent/Legal Guardian (please print clearly) \_\_\_\_\_

I can be reached at the following numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian name, printed clearly    Signature    Date

# STUDENT INFORMATION RELEASE MEDIA RELEASE

## Check applicable

I \_\_\_\_\_ (parent/guardian) give permission to:

\_\_\_ Franklin \_\_\_ Madison \_\_\_ Roosevelt \_\_\_ Grover Cleveland \_\_\_ The Rahway Academy

to release academic and/or behavioral information to:

\_\_\_ my child's teacher \_\_\_ guidance counselor \_\_\_ school nurse \_\_\_ principal

\_\_\_ other: (specify) \_\_\_\_\_

and authorize them to speak to my child's mentor and Program Director about my child.

The information shared may include: (**check what you will allow to be shared**)

\_\_\_ Grades \_\_\_ Special education needs \_\_\_ Social/behavioral information \_\_\_ Health Info

\_\_\_ Homework information \_\_\_ Other: (Specify) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian name, printed clearly

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## MEDIA RELEASE

I give permission for photographs, video, interviews and writing of my child to be used to promote and raise awareness for the Bella Kind Empowerment Program (examples of use include website, social media, newsletter, flyers, press releases, grant reports, radio/TV). By signing below, I grant permission for images of my child taken during program/mentoring activities to be used this way unless No is checked:  Yes  No

\_\_\_\_\_  
Parent/Guardian name, printed clearly

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please read this carefully before signing:**

We appreciate you and your child's interest in the program. This application is intended as a means of informing & gaining the consent of the parent/guardian to allow child to participate in the mentoring program. After receiving this completed application from you, we will evaluate the information and let you know if your child has been accepted into the program. Much of the information that you supply in this application packet will be used to aid your child. The mentoring volunteers/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 your child.

**PERMISSION RELEASE**

The Bella Kind young ladies empowerment program is run by the Bella Kind Foundation, a nonprofit that provides support and resources for our youth & the community. I understand that the advisers, counselors, mentors, coaches, instructors and guest speakers receive ongoing support from the program director and that other than noted, the individuals who serve in this program are volunteers and are not employed by the program or the Bella Kind Foundation.

**All information shared will remain confidential. Please INITIAL each of the following:**

\_\_\_\_\_ I hereby grant permission for the Bella Kind Empowerment Program to make contact with my child and conduct a personal interview for the purpose of applying to be part of the program.

\_\_\_\_\_ I give permission for my child to participate in the program and its related activities.

\_\_\_\_\_ I hereby acknowledge that my child may be transported by members of the program while participating in activities & trips, & that such transportation is voluntary.

\_\_\_\_\_ I agree to have my child follow all of the mentoring program guidelines and understand that any violation on my child's part may result in suspension and/or termination of participation.

\_\_\_\_\_ I agree to my child being treated by medical staff in the event of a medical emergency

\_\_\_\_\_ I release the mentoring program of all liability of injury, death, or damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any 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 that I must return all of the following completed items along with this application, and that any incomplete information will result in the decline of this application.

- Signed Youth/Parent Guidelines/responsibilities
- Signed Medical Emergency Form
- Signed Information & Media Release Form
- Signed Permission Release Form

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

\_\_\_\_\_  
Parent/Guardian name, printed clearly

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date