



CORNERSTONE

Mentoring Program

Empowering young, African American Males to successfully Graduate High School and Pursue Career Goals that serve to positively enhance their contribution to society while developing them into successful civic citizens.

Cornerstone Mentoring Program Application

2015-2006 MENTEE APPLICATION 2015-2016

Personal Information:

Name _____
First Middle Last

Address _____
Street City State ZIP

Phone _____ E-mail address _____

Parent / Guardian Information:

Name _____
First Middle Last

Phone _____ E-mail address _____

Emergency Contact Name _____ Phone _____

Relationship _____

School Information:

School Name _____ Grade Level _____

What are your hobbies/interests?

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PARENTAL CONSENT FORM

Date: _____

I, the parent/guardian of _____ do hereby give my consent and permission for the above named young person to participate in the Cornerstone Mentoring Program including any related activities or events. I further release Cornerstone Mentoring Program and Handley Helping Hands, Inc members and volunteer staff from all liability for any injuries or accidents resulting from any sickness, injury, or accident. Treatment for any illness or injury will be the financial responsibility of the undersigned parent or legal guardian. I hereby authorize the official representative of Cornerstone Mentoring Program to approve emergency medical or surgical care during any related activities or events in the event the parent or guardian cannot be contacted.

Personal Physician _____

Affiliated Hospital _____

Insurance Provider _____

Policy Number _____

Parent/Guardian Information:

Full Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Parent / Guardian Signature _____ Date _____

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CONSENT AND RELEASE

We, the undersigned, hereby consent to the use of any tapes, photographs, slides, tape recording, or any other visual or audio reproduction in which _____
(Participant's Name)

may appear for Cornerstone Mentoring Program to be used, distributed or shown as they see fit. We understand that the photographs, or voice may be used by Cornerstone Mentoring Program and/or Handley Helping Hands, Inc. to recruit volunteers and to provide information to the community about the mentoring program, and we release Cornerstone Mentoring Program and Handley Helping Hands, Inc. from any liability connected with the use of the pictures, or voice recording as part of any such recruitment program.

Consented to by:

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

Date: _____

In order to begin this relationship with openness and honesty, Cornerstone Mentoring Program would like to share with you that the Mentoring Coordinator is a mandated reporter for state of Georgia, which means that if we observe or are made aware of a situation where there is a reasonable cause to suspect possible abuse or maltreatment, we are obligated to report. We also would like you to be aware that the Mentoring Coordinator often acts as a facilitator for the mentors and there may be certain situations where a mentor may be required to share information with the Mentoring Coordinator if he feels that the participant or any family member is in any harm or danger or is in need of care.

Reviewed By: _____
Mentoring Coordinator Signature