



Girlie Girls Mentoring Program INC.

TWEENS

Mentoring Program Application PLEASE PRINT

YOUTH INFORMATION:

Name: _____ **Age** _____ **Grade** _____

D.O.B _____

Address _____

School _____ **Shirt size** _____

PARENT/GUARDIAN _____

Address: _____

Phone: _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Phone: _____

RELEASE OF INFORMATION and Permission to Participate in Girlie Girls Mentoring Program.

I _____ give _____ permission to participate in the GGMP.

This permission extends to the following activities:

Initial:

_____ **approved activities (field trips, fundraisers)**

_____ **group meetings/seminars/workshops**

_____ **activities with Mentor and Volunteers**

_____ **photographs/video taken for website/all social media outlets.**

PARENT/GUARDIAN SIGN _____

Express in your own words, why you would like to be in this organization:

Sign _____