

MBSC

MY BROTHER'S SECOND CHANCE

MBSC Teen Mentoring Program Student Application

Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Sex: _____ Is this your first year in High School? Yes No

School you attend: _____

Parent/Guardian Name: _____ Work Phone: _____

My favorite kind of music is _____ My favorite television show is _____

My favorite sport is _____ My favorite book is _____

My best subject in school is _____ My worst subject in school is _____

Do you have any after-school responsibilities? Yes _____ No _____
If yes, what are they?

Describe your special interests and hobbies (e.g. sports, arts & crafts, computers, music, reading, cooking, games, career interests, foreign languages, painting, reading, etc.)

What do you like to do most with your free time?

How could a mentor help you?

Is there anything that you would like to share with your mentor?

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Why are you interested in participating in this program?

What special interests, needs or issues should we be aware of?

Other information you would like us to know about you:

I am aware of the goals and activities provided by this program. I agree to attend meetings and actively participate in Mentoring activities. If I cannot attend a meeting, I will call MBSC to let them know.

Student Signature: _____ Date: _____

I give permission for my son to participate in the MBSC Teen Mentoring Program. I understand that this is a volunteer program. I agree to assume responsibility on behalf of my child for any risks associated with the program. I give permission for my son to be transported on field trips and to be transported from school to MBSC for the meetings and then home. Transportation, if needed, will be provided by MBSC staff or a screened Mentor volunteer.

Parent/Guardian _____ Date: _____

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MBSC Student Emergency Information Form

Student's Name _____ Birth date _____

Parent/Guardian's Name _____ Home Phone _____

Address _____ Work Phone _____

City _____ State _____ Zip _____ Cell Phone _____

E-Mail _____

Emergency Contact _____ Phone _____

Alternative Contact _____ Phone _____

Student's Insurance Co. _____ Policy # _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Preferred Hospital _____

I grant permission to MBSC Mentoring Program to perform basic first aid and CPR. I also grant the mentors or the Coordinator of MBSC Mentoring Program to call emergency services or take my child to the Hospital.

Date _____ Parent Signature _____

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Parent/Guardian Contact Information

Parent/Guardian name: _____

Parent/Guardian e-mail address: _____

Parent/Guardian Phone Numbers:

Cell: _____ Work: _____ Home: _____

Parent/Guardian address, if different that what is listed on Student Application:

Additional contact information the parent/guardian would like MBSC Mentoring Program to have:
