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Program Application

Name _____

Address _____ Age _____

City _____ State _____ Zip Code _____ Grade _____

Home Phone _____ Cell Phone _____ School _____

I, the undersigned, do hereby voluntarily submit my application for participation in For Brothers/Project UPLIFT Mentoring Program. I do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur while attending or participating, and hereby waive all claims against Project UPLIFT, Inc., Seeds of Wisdom, West Modesto King-Kennedy Neighborhood Collaborative/Stanslaus Multi-Cultural Community Health Coalition, Omega Psi Phi Fraternity, Inc., King-Kennedy Memorial Center Board of Directors, Taco Bell Foundation and all other volunteers, promoters, operators or cosponsors-sponsors of said program/activity/event or use individually or otherwise, for any claim for injuries that I may sustain.

I consent that any pictures furnished by me or any pictures taken of me or my child in connection with the program can be used for publicity, promotion or television showing and I waive compensation in regard thereto.

I understand that the program, promoter, operators or sponsors are not responsible and do not assume liability whatsoever for any loss or damage by theft, fire or otherwise to my personal property or effects.

I agree to indemnify, defend and save harmless all volunteers, contractors, subcontractors, material men, laborers, and any other person, firm or corporation furnishing or supplying work, services, materials or supplies in connection with the performance of this contract, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by the contractor in the performance of this contract.

I do hereby authorize the program coordinator(s) and volunteers to act for me according to their best judgment in any emergency requiring medical attention and I hereby agree to indemnify and hold harmless the program coordinator(s) and volunteers from and against any and all liability for any injury which may be suffered by my child out of or in any way connected with participation in the Project UPLIFT, Inc. Mentoring Program.

I have read and understand the registration and program policies, and enter into this agreement of my own free will.

Parent/Guardian Signature _____

Parent/Guardian Name _____ Date _____

Phone Number _____ E-mail _____



Mentee Interest/Hobbies

Mentee Name _____

What do you like to do most in your free time? (Please check all that apply and give examples of your favorites.)

<input type="radio"/> Watch Movies	What Kind? _____	Which Ones? _____
<input type="radio"/> Video Games/ Arcade	Favorite Game & System _____	<input type="radio"/> Computer <input type="radio"/> GameCube <input type="radio"/> PlayStation <input type="radio"/> Wii <input type="radio"/> X Box <input type="radio"/> Other
<input type="radio"/> Listen to Music	What Kind? _____	Which Artist? _____
<input type="radio"/> Play Music	What Kind? _____	Which Instrument? _____
<input type="radio"/> Read	What Kind of Book? _____	Favorite Book and Why? _____
<input type="radio"/> Sports	Play Which Kind? _____	Watch Which Kind? _____
<input type="radio"/> Watch TV	Which Show _____	<input type="radio"/> Other Be Interests Specific
<input type="radio"/> Shop	Which Stores? _____	
<input type="radio"/> Social Networks	<input type="radio"/> Facebook <input type="radio"/> MySpace <input type="radio"/> Twitter <input type="radio"/> Other _____	

INTRODUCTION: Please "introduce yourself" to your mentor by writing a little bit about yourself. You can start by telling them your name, how old you are, where you live, and what you expect to achieve by being involved in this mentoring program. Write as much as you want or as little as you want, but be sure to include only those things about yourself that you want your mentor to know. (You will share this information with your mentor.)

If you wish you may use this area to write about yourself or you may use a separate paper to bring to your mentor.