



Mentee Application

(To Be Completed by Parent/Guardian)

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|---|------------------------------|---------------------------------|--|
| Date | | Mentee Name | |
| Date of Birth | | Age | |
| Mailing Address | | School & Grade | |
| Mentee Phone | | Parent Phone | |
| Parent/Guardian Name | Parent/Guardian Email | Parent Phone | |
| Emergency Contact Name/Relation | | Emergency Contact Number | |
| <p>Please read this carefully before signing:</p> <p>EDGE of York County's Mentoring Program appreciates you and your daughter's interest in her becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their daughter to participate in the program.</p> <p>After receiving your completed application, EDGE will evaluate the information and send you an email letting you know if your child has been accepted into the program. The EDGE 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 the mentoring match. However, we do not reveal names until there is an initial interest from the mentee, parent/guardian, and mentors based upon information provided.</p> | | | |
| <p>Please initial each of the following:</p> <p><input type="checkbox"/> I give my informed consent and permission for my child to participate in the EDGE Mentoring Program and its related activities.</p> <p><input type="checkbox"/> I release EDGE of York County of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from her participation in the program, including but not limited to transportation, and hold harmless any EDGE mentor, program staff, or other representatives, both collectively and individually of any injury physical or emotional, other than where gross negligence has been determined.</p> <p><input type="checkbox"/> I agree to allow EDGE to use any photographic image of my child taken while participating in EDGE activities. These images may be used in promotions or other related marketing materials.</p> <p><input type="checkbox"/> I hereby acknowledge that my child may be transported by her mentor and/or EDGE representatives while participating in the mentoring program, and that such transportation is voluntary and at her own risk.</p> | | | |



I understand that mentoring through EDGE is Christ-centered peer mentoring.

I understand that EDGE mentoring is peer-to-peer friendship based and not a counseling service and that the only service provided is peer mentoring.

I understand that information shared during the EDGE mentoring program and related activities is not bound by law as mentee and mentor privileged information. If something is revealed that is illegal, life threatening, or could endanger the well-being of self or others, the mentor is required to report the information according to EDGE policies and procedures.

In the case of a dispute or conflict arising from my daughter's participation in the mentoring program, I will resolve it according to EDGE guidelines.

I understand I must return the following completed items along with this application, and that any incomplete information may result in the delay of this application being processed.

- Consent and Information Release Form
- Mentee Allergy Form (if necessary)
- Mentee/Parent Agreement

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

Parent/Guardian Signature

Date

Please return or mail this application and the listed items above to:

Mentor Program Coordinator at edgegirlscircle@gmail.com

or

EDGE of York County

P.O. Box 1625, Clover, SC 29710

Info.edgeofyorkcounty@gmail.com Phone: 980-264-060