



CGI Mentorship Program Application

Date: _____

Name: _____

Circle: Age: _____ Birthday: _____ Ethnicity: _____

Grade: _____ School: _____

Name of Parent(s)/Guardian(s): _____

Address: _____

City: _____ Zip Code: _____

Home Phone Number: _____

Parent's Mobile Contact Number(s): _____

Child's Email Address: _____

Parent's Email Address: _____

How did you hear about the Youth Mentor Program? (Circle One) Friend _____ Teacher _____ School _____ Other _____

Why do you want to attend our program? (For tutoring, advice, mentorship, or to learn about leadership)

What would you like to be when you grow up?

What are three words that would best describe you?

Is there anything that you would change about yourself? _____

What clubs, activities, or sports are you in now? _____

What kind of activities would you like to do with CGI Mentorship Program? _____

PARENT/GUARDIAN CONSENT AND LIABILITY RELEASE FORM

I, _____ will give consent for my child to participate in all CGI Mentor Program activities; including all organized activities and transportation. In consideration of the advantages of participation in our Mentorship Program, the undersigned agrees that CGI, and its employees shall be released and exempt from any liability for damages for bodily injuries or property damages that may occur as a result of participation in the CGI Mentorship Program, except to the extent of insurance liability as provided by law.

Signature: _____ Date: _____