

Hope United Community Development Corporation

A catalyst of hope in North Minneapolis-connecting people, organizations and resources to transform lives and communities for good



HOPE UNITED COMMUNITY DEVELOPMENT CORPORATION

“BROTHERS SERVING BROTHERS”

AFRICAN AMERICAN MALE ALLIANCE MENTORING PROGRAM

MENTEE (YOUNGIN) APPLICATION FORM

Please complete the following mentee application and have your parent(s) or guardian sign. If you should have any questions, please call Norman Harrington, Program Coordinator (952)240-5788.

Name: _____

Parent(s) Name: _____

Address: _____

Parent E-Mail: _____

Young Man's E-Mail: _____

Young Man's Cell Phone: _____

Parent Home Phone Number: _____ **Cell Number:** _____

Emergency Contact (if different than parent) _____ **Phone:** _____

Birth date: _____ **Place of Birth:** _____

School Attending: _____ **Grade: (circle) 7, 8, 9, 10,11,12 (Your 5th or/and 6th Grade younger brother may attend, but must complete application form and get permission from parent or guardian.)**

List Extracurricular Activities:

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Briefly Describe What You Aspire To Do With Your Life

PARENT/GUARDIAN AGREEMENT

I, the parent/guardian of _____, the minor participant, recognizing the possibility of physical injury or loss associated with this outing, hereby agree to release, discharge and/or otherwise indemnify Hope United Community Development Corporation and its Board of Directors, staff, volunteers, affiliated organizations, partners, and sponsors, their employees and associated personnel, including the owners of the facilities where event is being hosted, against any claim by or on behalf of the participant as a result of the participant's participation in this activity and/or being transported to or from the same, which transportation I hereby authorize. I also understand that Hope United has no liability insurance coverage on my child and that my child is covered by my personal insurance.

Parent/Legal Guardian (Print): _____
Signed: _____ Dated: _____

CONSENT FOR MARKETING (Optional)

I understand that Hope United would like to feature photos of its participating mentees (youth) in its marketing and promotional materials. I give Hope United my consent to use photos, video, images and testimonies from me and my children. I understand Hope United does not make any commitment to provide any type of monetary compensation for the use of photos, images and/or testimonies.

Signed: _____ Dated: _____