



**FORT SMITH  
BOYS & GIRLS CLUBS**



**STAND WITH U MENTORING PROGRAM  
PARTICIPANT APPLICATION**

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent Name(s) \_\_\_\_\_ Emergency Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Unit \_\_\_\_\_

T-shirt size (Please circle one)      Youth S   M   L      Adult S   M   L   XL   2XL

Student Interests \_\_\_\_\_

Problems in School \_\_\_\_\_

Has the student been suspended, served in long-term detention, and/or been sent home from school? \_\_\_\_\_

If yes, what was the reason? \_\_\_\_\_

List changes in the family, such as divorce, separation from a loved one, death in the family, change of address or school, etc, which might have some affect on the student: \_\_\_\_\_

List all of the people currently living in the household, and their relation to the applicant: \_\_\_\_\_

I give permission for my child to participate in the Fort Smith Boys & Girls Club "Stand With U" Mentoring Program. I understand my child will work one-on-one with an adult mentor at the Boys & Girls Club, and will meet at least once a week for a minimum of thirty (30) minutes. I will not expect any financial means to be provided to my child or family. I will contact the Boys & Girls Club if my child is unable to attend a meeting session. Additionally, I hereby give my permission for my child to appear in any news-related story regarding FSBGC's "Stand With U" Mentoring Program, in print or on television.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date