



FORT SMITH BOYS & GIRLS CLUBS
 4905 North "O" St. Fort Smith, AR 72904
 (479) 782-7093 (479) 782-0842
www.fsbgc.org



DATE:	_____
MEMBER #:	_____
UNIT:	_____

"STAND WITH U" MENTORING **PARTICIPANT APPLICATION**

Member Name _____ Age _____

Ethnicity _____ School _____ Grade _____

Address _____
 Street _____ City/State/Zip _____

Parent Name(s) _____ Phone _____

Home (or) Cell Phone: _____ Emergency Phone: _____

Member Interests _____

Problems In School _____

Has the child 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 (divorce, separation from a loved one, death in the family, change of address or school, etc) which might have some affect on the child _____

List all of the people currently living in the household, and their relationship to applicant _____

I give permission for my child to participate in the Fort Smith Boys & Girls Clubs "Stand With U" Mentoring Program. I understand my child will work one-on-one with an adult mentor at the 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 Club if my child is unable to attend any meeting. Additionally, I hereby give my permission for my child to appear in any news-related story (print, video or television) regarding FSBGC's "Stand With U" Mentoring Program.

 Parent Signature

Updated: 1/1/18