



www.fsbgc.org/programs

DATE:	_____
MEMBER #:	_____
UNIT:	_____

"STAND WITH U" **MENTEE APPLICATION**

Member Name _____ Gender _____ Age _____

Ethnicity _____ School _____ Grade _____

Address _____
Street _____ City _____ State _____ Zip _____

Parent Name(s) _____ Phone _____

2nd Person to call _____ Emergency Phone: _____

Member Interests _____

Problems In School _____

Has the child been suspended, served long-term detention, and/or sent home from school? YES NO
If yes, what was the reason? _____

List changes in the family (divorce, separation from loved ones, 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 background checked 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

Date

Updated: 1/9/2023