



## NAJI FOUNDATION INC.

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### Student Mentee Application

We are delighted to have you interested in our mentorship program. Please complete this in-depth application to help us know you better and match you with an appropriate mentor. This form must be completed by the Student Mentee and his/her Parent/Guardian. **ALL INFORMATION PROVIDED ON THIS FORM IS KEPT PRIVATE AND CONFIDENTIAL.**

#### Personal Information

Mentee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Youth: Mother \_\_\_ Father \_\_\_ Other, specify: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent/guardian work phone: \_\_\_\_\_

Home Email: \_\_\_\_\_ Mentee E-mail: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Ethnicity: White: \_\_\_ Hispanic: \_\_\_ African American: \_\_\_ Asian: \_\_\_ Other: \_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ GPA \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list all members of your household:

| Name | Sex | Age | Relationship to Applicant |
|------|-----|-----|---------------------------|
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**Naji Foundation, Inc.**

Email: [info@najifoundationinc.org](mailto:info@najifoundationinc.org) Web: [www.najifoundationinc.org](http://www.najifoundationinc.org) Phone: (470) 724-5691

## **Parent/Guardian Application Questions**

Please answer **ALL** of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you (or your child) want to participate in a mentoring program?
2. Is your child available to meet/talk with a mentor ten hours per month and communicate at least once a week for twelve months? Please explain any particular scheduling issues.
3. Are you willing to allow your child to participate in community-service activities?
4. Is your child currently having any problems either at home or school? If so, please provide information that may be helpful for us to know as we work with your child.
5. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide information you consider appropriate.
6. Can you provide any additional background information that may be helpful to GGB and School Mentoring Program when matching your son/daughter with an appropriate mentor?



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## **Parent/Guardian Information and Consent**

Please read and sign the following to indicate your consent for your son/daughter to participate in the NFI mentorship program.

After your completed application is received, the information provided will be evaluated and you will be notified whether your child has been accepted into the program. The information you provide will be used to match your child with an appropriate mentor. Therefore, we may need, at times, to share some information about your child with prospective mentors or other parties in the best interest of the match. However, we initially reveal only anonymous information (no names) about each party until there is initial interest from the Student Mentee, parent/guardian, and mentor.

Please initial and date each of the following:

\_\_\_\_\_ I give my informed consent and permission for my child to participate in the NFI and mentorship program and its related activities.

\_\_\_\_\_ I agree to have my child follow all mentoring program guidelines and understand that any violation on my child's part may result in suspension and/or termination of the mentoring relationship.

\_\_\_\_\_ I hereby acknowledge that my child will be transported by her mentor and/or a NFI Mentor or representatives while participating in the NFI mentorship program, and that such transportation is voluntary and at her own risk. I may also have to provide transportation to allow my child to participate in the program and scheduled activities.

\_\_\_\_\_ I release the NFI mentorship program of all liability of injury or other damages to my child, or assigns that may result from her participation in the program, including but not limited to transportation, and hold harmless any NFI mentor, Case Manager/Principal, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

\_\_\_\_\_ I agree to allow NFI to use photographic images and video of my child taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials. (optional)

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I understand I must return all of the following completed items along with this application, and that any incomplete information will result in the delay of my child's application being processed:

- Contact and Information Release Form (attached)
- Interest Survey Form (attached)

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

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Parent/Guardian Signature

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Date