

100BLACK MEN OF JACKSON, INC., INC.

Mentee Application

(To Be Completed by the Parent/Guardian/Legal Care-Giver)

Personal Information

Date: _____

Youth's First Name: _____ Middle Initial _____ Last Name _____

Date of Birth ____/____/____ Age: ____ Youth Social Sec.#: _____

Student Cell#: _____ Student Email: _____

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

Name of School: _____ Grade: _____ Student ID Number _____

Parent/Guardian Name: _____

Relationship to Youth: Mother _ Father ____ Other: (specify) _____

Street Address: _____

City: _____ State: _ _ _ Zip: _____

Home phone: _____ Cell phone: _____ Email: _____

Emergency Contact Name: _____ Phone Number : _____

Please list all members of your household:

Name	Gender	Age	Relationship to Applicant

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/your child want to participate in a mentoring program?
2. Briefly describe your expectations for the 100 Black Men of Jackson, Inc. Mentoring Program:
3. Is your child available to meet with a mentor during regularly scheduled time s and have contact at least once a week for a minimum of one year? Please explain any particular scheduling issues.

4. Is your child willing to attend an initial mentee training session and two training sessions (which may be conducted using a virtual platform) per year after being matched?
5. Describe your child's academic performance including grades, homework, attendance, behaviors, etc.:
6. Is your child currently having any problems either at home or with academic studies?
7. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.
8. Can you provide any additional background information that may be helpful to 100 Black Men of Jackson, Inc. in matching your son/daughter with an appropriate mentor?

Medical History

Name of Primary Care Physician: _____ Phone No.: _____

Medical Insurance Provider: _____

Policy Number: _____ Phone No.: _____

1. Does your son have any physical problems or limitations?
2. Is your son currently receiving treatment for any medical issues?
3. Is he currently on any type of medication? If so, please specify.
4. Does your son have any known allergies or adverse reactions to medications? If yes, please list the allergy and describe the adverse reaction:
5. Does your son have any emotional issues or problems?
6. Is your son currently seeing a counselor or therapist?

Therapist's Name: _____

Please read this carefully before signing

100 Black Men of Jackson, Inc. appreciates you and your child's interest in his becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/ guardian to allow their son to participate in the 100 Black Men of Jackson, Inc. Mentoring Program.

After receiving the completed application form, we will evaluate the information and send a letter informing you if your child has been accepted into the program. The information you supply in this packet will be used to match your child with an appropriate mentor. Therefore, the mentoring staff may, at times, need to access and share this information with prospective mentors and other parties when it is in the best interest of the match. However, we do not reveal names until there is an initial interest from the mentee, parent/guardian, and mentor based first upon anonymous information provided about each other.

Please initial each of the following

_____ I give my informed consent and permission for my child to participate in the 100 Black Men of Jackson, Inc. Mentoring 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 his mentor and/or 100 Black Men of Jackson, Inc. staff or representatives while participating in the 100 Black Men of Jackson, Inc. Mentoring Program, and that such transportation is voluntary and at his own risk.

_____ I release the 100 Black Men of Jackson, Inc. of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his participation in the program, including but not limited to transportation, and hold harmless any 100 Black Men of Jackson, Inc. mentor, program staff, 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 100 Black Men of Jackson, Inc. to use any photographic image of my child taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

*****Initials and Signatures of Approval are required for all items listed under Consents; however, in the best interest of the child, Mentors, and staff, certain activities/services will not occur in-person unless consistent with guidelines issued by the Centers for Disease Control (CDC), Mississippi Department of Health (MDH), and 100 Black Men of Jackson, Inc.**

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 application being processed:

- Contact and Information Release Form
- Covid-19 Warning and Waiver Form

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

Parent / Guardian Signature

Date

Please return or mail this application and the items listed above to:

100 Black Men of Jackson, Inc.
Mentoring Program
5360 Highland Drive
Jackson, MS 39206
(601) 366-8301

100 BLACK MEN OF JACKSON, INC., INC.

Contact and Information Release

(To Be Completed by the Parent/Guardian)

Youth's Name: _____ Date: _____

School: _____

I hereby grant permission for the 100 Black Men of Jackson, Inc. to contact my child and conduct a personal interview for the purposes of applying to be a mentee. The 100 Black Men of Jackson, Inc. may also contact my child on school premises for the purposes of screening and interviewing as well as ongoing support of his participation in the mentoring program.

I authorize the 100 Black Men of Jackson, Inc. to obtain any needed information regarding my child from his school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff.

Further, I understand that basic information about my child will be anonymously (without names) shared with a prospective mentor(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and my child's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

Parent / Guardian/ Legal Care-Giver Signature

Date

Parent/Guardian Name:

Address

City

State

Zip

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

100 BLACK MEN OF JACKSON, INC. ("The 100") has implemented preventative measures to reduce the spread of COVID-19. The 100 **cannot guarantee** that you or your child(ren) will not become infected with COVID-19 during in-person meetings.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending events sponsored by the 100 and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 during events sponsored by the 100 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees of the 100, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at events sponsored by The 100 or participation in The 100 programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless 100 Black Men of Jackson, Inc., its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the 100, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any program of The 100.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Mentee(s)/Participant(s)