

Kreative Kidz

Challenging Kids To Make Something...

P.O. Box 176, Union City, GA 30291
(770) 306-0020 office/(770) 703-6413 fax

kreativekidzga.net
kreativekidz_ga@hotmail.com



Noblemen of South Fulton Youth Mentor Program Mentee Application

Application & \$50 Membership Fee Deadline: Last Friday in September

(Make checks/money orders payable to Kreative Kidz.)

Please write clearly and answer every question.

Date: _____

Name: _____

Age: _____ Birth Date: _____ Ethnicity: _____

Grade: _____ School: _____

T-Shirt Size: _____ Dress Shirt Size: _____

Name of Parent(s)/Guardian(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: () _____

Parent Contact Phone: () _____

Parent Contact Phone: () _____

Mentee Contact Phone: () _____

Parent Email Address: _____

Parent Email Address: _____

Mentee Email Address: _____

How did you hear about the Youth Mentor Program? (Circle one)

Friend/Teacher/Invite/Other

What are three words that describe you? _____



"Making a better YOU for a better TOMMOROW!"

Is there anything that you would change about yourself?

What clubs, activities, or sports are you are involved in now? How much of your time do these activities take up?

What kind of activities would you like to do with the Youth Mentor Program?

Is there anything else that you would like to describe about yourself that may help us find the best mentor for you?

Mentee Agreement: If chosen for the Kreative Kidz Noblemen of South Fulton Youth Mentor Program, I agree to commit to meeting with my mentor 2-3 hours a month and to attend all group activities each month at the designated location and will be on time for all events. If I am unable to attend an event, I will properly notify my mentor in a timely manner.

Mentee Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Consent & Liability Release Form

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(Please return with Mentee Application)

I, _____, give my consent for Kreative Kidz Noblemen Youth Mentor Program to match my child, _____, with a Mentor. I will also consent for my child to participate in all Youth Mentor Program activities, including all organized activities and transportation. In consideration of the advantages of participation in the Youth Mentor Program, the undersigned agrees that Kreative Kidz, its agents, and its employees/volunteers shall be released and exempt from any liability for damages for bodily injuries or property damages that may occur as a result of participation in the Youth Mentor Program, except to the extent of insurance liability as provided by law.

Signature: _____ Date: _____

Print Name: _____

Relationship to Mentee: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: () _____

Mobile Contact Phone: () _____

Work Contact Phone: () _____

Email Address: _____

Emergency Contacts & Phone Numbers:

_____ () _____

_____ () _____



"Making a better YOU for a better TOMMOROW!"