



My Sister's Keeper MENTEE APPLICATION

\$25.00 annual registration fee payable to: My Sister's Keeper P.O. Box 3936 HP, MI 48203 or www.paypal.me/mysisterskeeper E-mail applications to: mskmentoring@gmail.com

FULL

NAME _____ BIRTHDATE _____

ADDRESS/CITY/STATE/ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

MOTHER'S NAME _____ PHONE _____

MOTHER'S ADDRESS, IF DIFFERENT _____

FATHER'S NAME _____ PHONE _____

FATHER'S ADDRESS, IF DIFFERENT _____

SCHOOL _____ GRADE _____

EMERGENCY CONTACT _____ PHONE _____

MEDICAL INSURANCE _____ POLICY# _____

SOCIAL MEDIA ACCOUNTS: _____

HOBBIES/CAREER INTERESTS: _____

WHY DO YOU DESIRE TO PARTICIPATE IN THE MY SISTER'S KEEPER MENTORING PROGRAM?
(100 WORDS OR MORE-ATTACH SEPARATELY IF NEEDED)

I _____ parent/guardian of _____ grant permission for my child to participate in the My Sister's Keeper mentoring program. I give consent for my child to be photographed, videotaped, and participate in research for the purposes of promotion, program development, and program funding. Staff and affiliates may seek medical care for my child as needed or in the event of an emergency. I indemnify and hold My Sister's Keeper, its administrators, board, staff, mentors, volunteers, agents, and partners harmless and NOT responsible or liable for any accident, incident, injury or loss resulting from my child's participation. I waive my right to seek legal action or any form of recourse against My Sister's Keeper or its affiliates. I will ensure that my child fully and actively participates to receive the maximum benefit from the program offerings. I also commit to parental involvement, supporting MSK events and endeavors, and upholding the tenets of MSK.

PARENT

MENTEE