



Future Inspired Native American Leaders Mentorship Program Youth Application and Parent Permission Form

Submit completed applications to:

email: bblixt@phxindcenter.org
 Fax: (602) 274-7486
 Mail: 4520 N Central Ave, Ste. 250, Phoenix, AZ. 85012

Questions? Contact Bridget Blixt at
 (602) 264-6768 or bblixt@phxindcenter.org

Parent/Guardian Name: _____ Relationship to child: _____

Do you have legal custody of the child? Yes No

Is there a person who shares legal custody of this child? Yes No

If yes, are they aware and supportive of the child's enrollment in the mentorship program? Yes No

Name: _____ Phone Number: _____

Child's Full Name:		Child's Date of Birth:		Child's Gender:	
Child's School:		Child's Grade (K-12):		Does your child participate in the free or reduced lunch program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the child's living situation? <input type="checkbox"/> Two-parent household <input type="checkbox"/> One-parent household (<input type="checkbox"/> Female / <input type="checkbox"/> Male) <input type="checkbox"/> Other relative of child (non-parent) <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Other _____ Number of people (adults and children) in household: _____					
Home Phone #:	Parent Cell Phone #:	Child Cell Phone #:	Is it okay to text parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Is it okay to text child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Address:		City:	County:	State:	Zip:
Parent/Guardian E-mail:			Child E-mail:		
Parent Place of Employment:		Parent Work Phone:	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your Household Annual Income (Please answer for Grant Purposes) : _____					
Please check the best number and time to contact you (the parent/guardian)? <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening If we are unable to reach you, who is someone we could call who always knows how to reach you? Name: _____ Phone Number: _____					

Child's Race (Please check one); <input type="checkbox"/> American Indian/Alaska Native: Tribal Affiliation: _____ <input type="checkbox"/> American Indian/Alaska Native & White <input type="checkbox"/> American Indian/ Alaska Native & Black <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other Multi-Racial	
Child's Ethnicity(Please check one): <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic	
Does your child have a parent/guardian who is currently incarcerated?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain
Does your child have a parent/guardian with current or past military experience deployed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are they currently
Has your child ever been arrested or involved in the juvenile justice system?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:

Parental Permission

NOTE: The Future Inspired Native American Leaders Mentorship Program is a partnership between Big Brothers Big Sisters of Central Arizona and the Phoenix Indian Center.

I am the legal guardian of the above child and hereby apply for the Future Inspired Native American Leadership Mentorship Program services. During my child's involvement in the Future Inspired Native American Leaders Mentorship Program : **(check all that apply)**

- I give my child permission to participate in the Future Inspired Native American Leaders Mentorship Program activities.**
- I give consent for the Future Inspired Native American Leaders Mentorship Program to collect information on my child's report card and attendance record at school.**
- I give consent for the Future Inspired Native American Leaders Mentorship Program to use my child's photo and name for print and online promotions for the Future Inspired Native American Leaders Mentorship Program.**

In consideration of the benefits my child will receive from the Future Inspired Native American Leaders Mentorship Program I hereby voluntarily waive, on behalf of myself and my child, all claims against the Future Inspired Native American Leaders Mentorship Program, for any and all causes of action which may arise in connection with my child's participation in the Future Inspired Native American Leaders Mentorship Program.

I understand that in order for the Future Inspired Native American Leaders Mentorship Program to provide responsible and professional services in its programs, it must request that mentors, clients, and parents or guardians of clients, divulge extensive personal information about themselves and their families. Future Inspired Native American Leaders Mentorship Program will share any and all relevant information about my child/family to the Future Inspired Native American Leaders Mentorship Program Mentor both during the enrollment process and throughout the duration of the match, if needed.

I further understand that while the Future Inspired Native American Leaders Mentorship Program respects the confidentiality of client and mentor records, it must retain the right to disclose information received when in its opinion, such disclosure would be in the best interests of the child. I acknowledge that the Future Inspired Native American Leaders Mentorship Program, in its sole discretion, will determine when the best interest of the child mandates such disclosure.

I certify that the above information is correct and I understand that the information I have provided is subject to verification by authorized representatives of CDBG-funded programs when applicable.

Signature: _____ **Date:** _____