Application Submission Instructions:

**DUE 10/25/2021**

Printed applications must be submitted to the Volunteers of America North Hollywood Office or at Special Event (see flyer):

Volunteers of America

North Hollywood Apartments Office

6724 Tujunga Avenue

North Hollywood, CA 91606

818.769.3617

Please note that the office is closed to the public, you can call the office Monday through Friday from 8am to 4:30pm. There is a dropbox under the window, next to the main door, where you can drop off the application OR scan and email the application to [myjacobo@voala.org](mailto:myjacobo@voala.org) or [mship.pds@gmail.com](mailto:mship.pds@gmail.com).

#### **Please do not hesitate to call if you have any questions!!**

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Instrucciones para someter su Aplicación de Mentorship:

**ENTREGAR ANTES DEL 10/25/2021**

Las aplicaciones deben ser sometidas a la oficina de Volunteers of America North Hollywood o durante el Evento Especial (ver volante):

Volunteers of America

North Hollywood Apartments Office

6724 Tujunga Ave

North Hollywood, CA 91606

818.769.3617

Por favor tome nota que la oficina está cerrada al público. Usted puede llamar de Lunes a Viernes entre 8am y 4:30pm. También puede entregar la aplicación en el buzón localizado debajo de la ventana al lado izquierdo de la puerta principal de la oficina. Alternativamente, puede mandar una copia por correo electrónico a [myjacobo@voala.org](mailto:myjacobo@voala.org) o [mship.pds@gmail.com](mailto:mship.pds@gmail.com).

#### **!No dude en llamar si tiene alguna pregunta!**

**SPECIAL EVENT**

*Drive Thru and Drop Off*

*Y*ou can drive thru and drop off the application on October 23rd, 2021 from 10:00am to 2:00pm at the back-parking lot of Maud Booth (11243 Kittridge St. North Hollywood, CA 91606). Mentorship will be there collecting the applications. If you cannot make it to the drive thru and drop off event, you can still turn in your application by October 25th, 2021 to the North Hollywood Apartments.

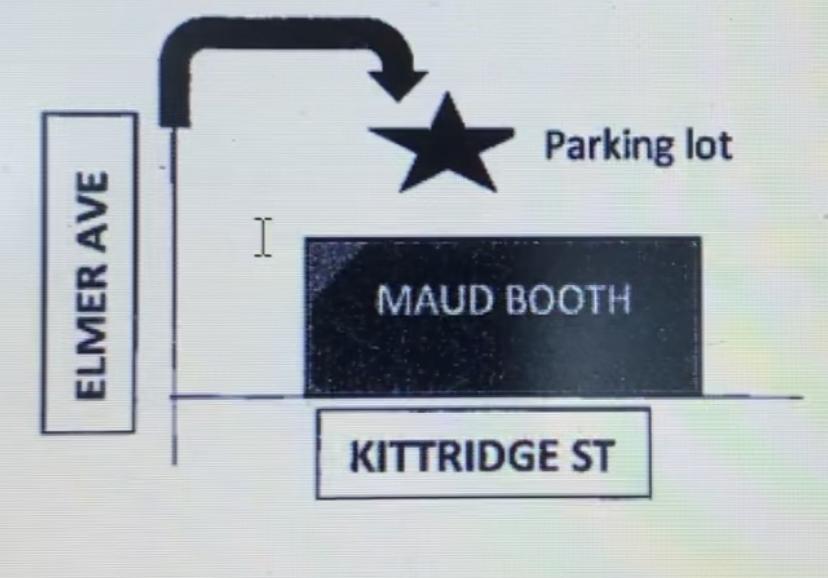
*\*remember to wear your mask*

**EVENTO ESPECIAL**

*Pasar Y Dejar Su Aplicación Desde Su Carro*

Usted puede pasar y dejar su aplicación desde su carro el 23 de Octubre del 2021 desde 10:00am hasta las 2:00pm en el estacionamiento de atrás de Maud Booth (11243 Kittridge St. North Hollywood, CA 91606). Mentorship estará colectado aplicaciones. Si usted no puede pasar al evento, usted puede dejar la aplicación antes del 25 de octubre del 2021 a la oficina de North Hollywood Apartments.

*\*recuerde de usar su tapaboca/mascara facial*

**

**Mentorship Program at UCLA**

Middle School Mentee Application

**2021 - 2022**

**Tell Us Who You Are!**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: □Male □Female □Other

Please list all previous schools:

Elementary Schools: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Schools: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your involvements outside of school? (Sports, Clubs, Leadership Roles, Jobs, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentee T-Shirt Size (circle one): Youth: S M L XL Adult: S M L XL

**Personal Information:**

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian #1: Name and Relationship to You \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian #2: Name and Relationship to You \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Email Addresses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who lives with you at home? List their names and relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any family members in the program or applying to the program? List their names and relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Time Commitment Information\***

* Tuesdays, with Zoom events taking place every other Tuesday, (5:45 - 6:45pm)

**OR**

* Wednesdays, with Zoom events taking place every other Wednesday, (5:45 - 6:45pm)

Are you willing to make this commitment? (Circle one): **Y** / **N**

Could any of the commitments you listed above interfere with Mentorship? If so, what are they and what events do they interfere with?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\*Schedule is subject to change should events transition to an in-person setting. Information will be provided when available under these circumstances.

**Emergency Contact Information:**

**Name #1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name #2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name #3:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Availability: (circle an option)**

**Short Answer:** (Take your time! We use these responses to pair you with a great mentor.)

Why do you want to be in Mentorship or reapply to Mentorship?

What are you most excited to do with your mentor this year?

What are three things you want your mentor to know about you?

Describe a great day. What are you doing that makes it so special?

**Your Personality:**

What are your favorite hobbies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your favorite subject in school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your dream job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your dream vacation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle five words that describe who you are:**

Shy Passionate Follower Observant Giggly

Artistic Creative Brave Unique Ambitious

Mature Silly Confident Strong Leader

Sweet Funny Studious Curious Warm

Spiritual Sensitive Liberal Athletic Adventurous

Hyper Laid-Back Caring Talkative Clever

Insightful Independent Joker Stubborn Generous

Fashionable Calm Responsible Outgoing Easy-going

**Feedback Questions:**

For Returning Mentees ONLY:

How many years have you been in the program?

Who was your mentor last year?

How have you felt with your mentor? Is it easy to talk to him/her and open up? (Be honest!)

What did you like about Mentorship last year?

What did you not like?

New and Returning Mentees:

What would you like to do this year with Mentorship?

Please describe your perfect mentor. What are they like? What do they like? What are they good at?

Illustrate/make and attach something that you would like to accomplish with your mentor this year. It can be as simple and creative as you want it to be. (This will not affect your application, we just want to know more about you.)

**Updated Information for the 2021 - 2022 Program Year**

Parents, this section must be read and answered carefully!

Zoom Access

* We are currently planning to hold our Winter events, those taking place during January, February, and March, virtually over Zoom. Please stay tuned for updates regarding the location of our April, May, and June events. Given the virtual format of at least the first half of this year, we want to ensure that mentees are prepared to continue with the program.

Will your child participating in Mentorship this year have their own Zoom account on Tuesdays and/or Wednesdays? (Circle one): **Yes** / **No**

These ZOOM meetings will be conducted and monitored by the Mentorship Committee and selected UCLA students. Do you approve of your child participating in this virtual format? (Circle one): **Yes** / **No**

Do you have reliable WIFI to participate in the ZOOM meetings? (Circle one): **Yes** / **No**

##### **Photo/Social Media Consent**

Is it okay for photos of your child to be featured on Mentorship social media accounts? (i.e. Mentorship website, instagram, facebook). They will not be tagged or identified in any way besides their first names. (Circle one): **Yes** / **No**

##### **Contact Preferences**

We anticipate this year to be unconventional and full of new opportunities, along with some new challenges. As such, we want to keep in contact with families as best as possible.

Please indicate the best method for us to reach you on the day of events to 1) send the event's ZOOM link/password and 2) ensure your child is able to participate.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Method of Contact (Email Address/Phone Number):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like us to contact you in Spanish? (Circle one): **Yes / No**

**Mentorship Program at UCLA**

2021-2022 Parent Application

The purpose of this parent application is to further inform the Mentorship Program at UCLA about the background of our program recipients. This information will allow us to better serve your child and match them with a mentor capable of addressing any particular need they may have, which will greatly enhance their year-long experience.

Please answer all questions honestly and to the best of your knowledge. The content within this application will in no way be used against you or your child.





**Release of Liability**

Mentorship Program at UCLA

Year 2021 - 2022

(to be completed by each parent / guardian).

Parent/Guardian Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone Number: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Telephone Number: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby release and hold harmless, Volunteers of America, Los Angeles, Its agents, representatives, and employees from any liability which may arise in connection with my child(ren)'s participation in any and all Mentorship Program at UCLA events, including but not limited, to potential liability from accidents or injuries which may occur, or potential liability resulting from the content of any and all program activities including staff provided transportation thereafter. I also understand that my child(ren) and I are aware of this information, and we acknowledge this by signing this Parent/Guardian Liability Release Form.

#### **Waive of Liability**

I declare that the terms of this Release have been completely read and are fully understood, and are voluntarily accepted.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Mentee/Parent Contract**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mentee), am fully informed about the *Mentorship Program at UCLA* and agree to follow all the guidelines and rules listed below for the period of one school year. As a mentee, I fully accept the following responsibilities:

* To obtain parent/school approval for mentoring activities
* To meet with my mentor at least 3 times a month for one school year
* To be punctual: I will arrive on time to all meetings and events
* To be consistent: I will attend all meetings and events
* To let the Program Director AND my mentor know at least 24 hours in advance if I am unable to make any session or meeting with my mentor
* Not to ask my mentor to give or loan money to me or anyone else
* To treat my mentor and all other program members with respect
* To participate in evaluation of the program
* To advise the Program Director of any concerns that should be addressed





# **Mentee/Padre Contrato**

Yo, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mentee), estoy completamente informado sobre el

programa de Mentorship y acepto todas las reglas y condiciones mencionadas abajo por el curso de un

año académico. Como mentee, acepto completamente las siguientes responsabilidades. 

* Obtener padre/escuela consentimiento para las actividades de Mentorship.
* Reunirme con mi mentor 3 veces al mes por año
* Ser puntual: llegar a tiempo a todas las juntas y eventos de Mentorship
* Consistencia: prometo atender todos los eventos y juntas de Mentorship
* Si voy a estar ausente entiendo que tengo que contactar a mi mentor y al coordinador del programa 24 horas antes del programa
* Prohibido pedir dinero a mi mentor para mi o alguien más
* Tratare con respeto a mi mentor ya todas las personas del programa
* Participare en evaluaciones del programa
* Comunicare al coordinador del programa de algún problema que requiera atención inmediata.





**Participant Field Trip Permission Slip**

(To be completed by a Parent/Guardian or Caregiver)

**In case our events for April, May, and June take place in-person, please complete and return this form to the North Hollywood Apartments staff in charge of the field trips/activities.**

(No participant will be permitted to participate in this activity without this form or file.)

Participant Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has my permission to participate in the following:**

**Activities:** \_\_\_\_\_\_\_\_**Mentorship Program at UCLA**\_\_\_\_\_\_\_\_

**Method of Transportation:** \_\_\_\_\_\_\_\_**School Bus**\_\_\_\_\_\_\_\_

**Transportation Schedule:**

**Biweekly Events (every other week, each mentee attends one of these two days):**

Tuesday 4:00 PM - 8:00 PM North Hollywood Apartments

6724 Tujunga Avenue

North Hollywood, CA 91606

Wednesday 4:00 PM - 8:00 PM North Hollywood Apartments

6724 Tujunga Avenue

North Hollywood, CA 91606

**Monthly Events:**

Saturday 9:00 AM - 3:00 PM North Hollywood Apartments

6724 Tujunga Avenue

North Hollywood, CA 91606

**Emergency Contact Card / Contacto de Emergencia**



Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Contact’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Contact’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notes:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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