

****Junior Leadership Mentorship Program Application Form****

Junior Leadership Program Application -JLP

Full Name of Applicant: _____

Date of Birth: _____

Address:

School Attended:

Grade: _____

Medical Information:

Allergies:

Please circle Yes or No

If Yes, Explain:

- Current Medications:

Please circle Yes or No

If Yes, please list if JLP **only** if will need to administer medication

What are your child's interests?:

What are your child's dislikes?:

Areas of Improvement:

Hardships (if any):

Emergency Contact Information:

Parent/Guardian Name: _____

Relationship to Applicant: _____

Phone Number: __ (____) _____ - _____

Email: _____

Additional Emergency Contact:

Name: _____

Relationship to Applicant: _____

Phone Number: __ (____) _____ - _____

****Consent Form: ****

I, [_____], the parent/guardian of the applicant, hereby consent to their participation in the Junior Leadership Mentorship Program. I understand and agree to provide accurate information regarding my child's medical conditions, interests, dislikes, areas of improvement, and any hardships they may face.

I authorize the program organizers to share photographs of my child taken during the mentorship program for promotional purposes, both online and in print. I also grant permission for my child to attend program-related trips and to be transported as necessary during their participation in the mentorship program.

° I do NOT want my child's photograph taken or shared with the public.

Parent/Guardian Signature: _____

Date: _____

[Please return this completed form to the program organizers. Thank you for your cooperation.]