Rhonda's Promise HOPE Academy Mentoring Program

Mentee Application Form

Founder & Executive Director: Rhonda Rogers **Phone:** 561-312-0539 **Website** www.rhondaspromise.org

SECTION 1 — STUDENT INFORMATION

- **Student Name:** _____
- **Date of Birth:** ____ / ____ / _____
- **Age:** _____
- **Gender:** _____
- **School Name:** _____
- **Current Grade:** _____
- **Teacher's Name (optional):** _____

SECTION 2 — PARENT/GUARDIAN INFORMATION

- **Parent/Guardian Name(s):** _____
- **Relationship to Student:** _____
- **Primary Phone:** _____
- **Secondary Phone:** _____
- **Email Address:** _____
- **Home Address:**

SECTION 3 — EMERGENCY CONTACT

- **Emergency Contact Name:** _____
- **Relationship:** _____
- **Phone Number:** _____

SECTION 4 — STUDENT BACKGROUND & NEEDS

Please check all that apply:

- ☐ Needs academic support
- ☐ Needs social-emotional support
- ☐ Needs confidence-building
- ☐ Needs leadership development
- ☐ Needs positive peer connections
- ☐ Needs behavior or self-management support
- ☐ Other (please describe):

Briefly describe your child's strengths:

Briefly describe areas where your child could benefit from mentoring:

SECTION 5 — PROGRAM INTERESTS

Which program areas interest your child?

- ☐ Homework help & tutoring
- ☐ Life skills & character development
- ☐ Leadership workshops
- ☐ Creative arts & enrichment
- ☐ STEM activities
- ☐ Community service
- ☐ Career exploration
- ☐ Health & wellness activities

SECTION 6 — AVAILABILITY

Days available for afterschool mentoring:

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

Preferred time: _____

SECTION 7 — MEDICAL & SAFETY INFORMATION

- **Does your child have allergies?** ☐ Yes ☐ No If yes, please list: _____
- **Does your child take any medication?** ☐ Yes ☐ No If yes, please list: _____
- **Any medical, behavioral, or learning considerations we should be aware of?**

SECTION 8 — PERMISSIONS

Photo/Video Release: I give permission for my child to be photographed or recorded for program documentation and promotional purposes.

- ☐ Yes
- ☐ No

Transportation Release (if applicable): I give permission for my child to participate in any transportation provided by Rhonda's Promise.

- ☐ Yes
- ☐ No

SECTION 9 — PARENT/GUARDIAN AGREEMENT

I certify that the information provided is accurate. I understand that participation in Rhonda's Promise Afterschool Mentoring Program requires regular attendance, respectful behavior, and communication with staff.

Parent/Guardian Signature: _____ **Date:** ____ / ____ / _____

SECTION 10 — PROGRAM USE ONLY

- Application Received By: _____
- Date Received: ____ / ____ / _____
- Approved: ☐ Yes ☐ No
- Start Date: _____