



UFM Teen Mentoring Program Student Application

Name: _____ Phone: _____

Address: _____ City: _____

Age: _____ Sex: _____ Birthdate: _____ Year in School: _____

School you attend: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____ Phone: _____

Emergency Contact _____ Phone _____

Why are you participating in this program?

What special interests, needs or issues should we be aware of?

Other information you would like us to know about you:

I am aware of the goals and activities provided by this program. (See below)

Drug and Alcohol Policy

The use, possession, and/or intoxication from drugs and alcohol are strictly prohibited in the UFM Teen Mentoring Program. This includes all UFM sponsored activities involving students

and mentors. I understand I will be immediately removed from the program, and, if applicable, prosecuted for my actions. I understand drug and alcohol use, possession and/or intoxication is a zero-tolerance issue at the UFM Teen Mentoring Program, and I will accept responsibility if my actions defy this rule.

Student Signature _____ Date _____

I give permission for my son/daughter, _____, to participate in the UFM Teen Mentoring Program. I also agree that she/he can attend field trips within the Manhattan KS.

I agree to assume responsibility on behalf of my child for any risks associated with the program.

My child _____,

I grant permission to the mentoring program staff to perform basic first aid, CPR, and to call emergency services or take my child to the hospital in case of an emergency.

Parent/Guardian Signature _____

Date: _____

Topic Consent Form

By signing this form, I consent to my child covering topics that are serious in nature such as but not limited to, suicide prevention, anger management, drug and alcohol prevention, stress management, and self-care. Students have the right to leave the room if a topic that is addressed makes them uncomfortable or is triggering. In this case, a mentor will spend time with the student debriefing the situation and addressing a more light-hearted topic.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

All applications can be sent to pamela@tryufm.org or dropped off at the UFM headquarters, 1221 Thurston St., 785-539-8763.