



Project N.Ex.T. Mentee – Youth Application

Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Email: _____

Disability: _____

Cause of Disability: _____

Date of Birth ___/___/___ Age: _____ Gender: Male _____ Female _____

Ethnicity: White: ___ Hispanic: ___ African American: ___ Asian: ___ Other: ___

Emergency Contact Name: _____ Phone Number: _____

Parent/Guardian Personal Information

Parent/Guardian Name: _____

Relationship to Youth: Mother ___ Father ___ Other (specify): _____

Name of School: _____ Grade: _____

Please read this carefully before signing:

Project N.Ex.T appreciates you/your child's interest in becoming a mentee. This application is intended as a means of informing and gaining the consent of the applicant to allow them to participate in the Project N.Ex.T. Mentoring Program. Upon receipt of a completed application, CAF staff will evaluate the information and send you a letter letting you know if you/your child have been accepted into the mentoring program. Much of the information you supply in this application packet will be used to match you/your child with an appropriate mentor. Therefore, the mentoring staff may, at times, need to access and share this information with prospective mentors and other parties when it is in the best interest of the match. However, we will not divulge personal information until there is an initial interest from the mentee, parent/guardian, and mentor.

Please initial each of the following:

_____ I give my informed consent and permission for me/my child to participate in the Project N.Ex.T Mentorship Program and its related activities.

_____ I agree to have myself/my child follow all mentoring program guidelines and understand that any violation by me/my child may result in my/my child's suspension and/or termination of the mentoring relationship.

_____ I hereby acknowledge that myself/my child might be transported by the mentor and/or CAF staff or representatives while participating in Project N.Ex.T., and that such transportation is voluntary and at his/her own risk.

_____ I release the Project N.Ex.T. and the Challenged Athletes Foundation of all liability of injury, death, or other damages to me/my child, family, estate, heirs, or assigns that may result from my/my child's participation in the program, including but not limited to transportation, and hold harmless any CAF mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ (optional) I agree to allow CAF to use any photographic image of me/my child taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Contact and Information Release Form
- Interest Survey Form

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Child's Printed Name

Parent/Guardian Signature

Date

**Please return or mail this application and the items listed above to Project N.Ex.T. Program Coordinator,
Challenged Athletes Foundation, P.O. Box 910769, San Diego, CA 92121.**

Mentee Contract

Name: _____ Date: _____

By participating in N.Ex.T. I agree to:

- Follow all rules and guidelines as outlined by the program coordinator, mentee training, program policies, and this contract
- Have a positive attitude and be respectful of my mentor
- Make a one-year commitment to being matched with my mentor
- To interact with my mentor on a regular basis each month (four (4) face-to-face meetings minimum per year, plus bi-weekly email and/or phone contacts)
- If under 18, obtain parent/guardian permission for all meeting times at least three days in advance, if possible
- Be on time for scheduled meetings or call my mentor at least 24 hours beforehand if I am unable to make a meeting
- Discuss meeting times and activities with the program coordinator, and regularly and openly communicate with the program coordinator as requested
- Inform the program coordinator of any difficulties or areas of concern that may arise in the mentee-mentor relationship
- Complete a mentor and program evaluation at the end of each year
- Notify the program coordinator if I have any changes in address or phone number

_____ (please initial) I understand that upon match finalization, scheduling of mentor-mentee meeting is between my mentor and myself (or parent/guardian), and is not under the control of CAF. All meetings will take place only by the mutual consent of the mentor, the mentee, and their parent/guardian.

By signing below, I (or my child) agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program coordinator at this time or in the future, and agree that failure to do so may cause early program termination.

Mentee Printed Name

Mentee Signature

Date

If mentee is under 18, parental consent to all above terms is required:

Parent/Guardian Signature

Date