

See Your Future Mentoring Program MENTEE APPLICATION

Please complete ALL fields. (Print neatly)

Name of Mentee:			
Home Address:			
City	Zip)	
Mentee's Email:			
Home Phone Number:	()	Mentee's Cell: ()	
Mentee's school:		Age:_	Grade level:
Parent / Guardian's name:		Relationship:	
Parent's Email Address:		Parent's Cell:()	
How did you hear abou	ıt our program?		
Please choose 4 of the i	interest areas below and ra	nk from 1 to 4 (with 1 being	your first choice and 4
		entor based on your choices,	
Accounting Advertising	Dentist Doctor	Law (Lawyer/Judge) Management Marketing/Sales	Public Relations Real Estate
Architect		Marketing/Sales	Sales
Auditor/Taxation			Social Services
Author	Entrepreneur	Media	Teacher
Banking Business	Finance Firefighter	Musician Police Officer	Transportation Veterinarian
Busiliess Chef	Government	Producer	Other
Cher Construction			Other
I understand there is no gu SIGNATURE OF PARTIC		o the 100 Black Men of Los Andrews DATE	ngeles' mentoring program.
	PARENT/GU	ARDIAN APPROVAL	
ĭ	(Parent/Guardi	ian) give permission for	
		Angeles, Inc.'s, See Your Futur	
· · · · · · · · · · · · · · · · · · ·		be made to promote the prog	2 2
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	• -	ponsoring and participating intensity in the mentoring program.	
to, personal injury and loss		it in the mentoring program.	Tills illefades, but is flot filli
to, personal injury and loss	or property.		
SIGNATURE OF PARENT/GUARDIAN		DATE	
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