



See Your Future Mentoring Program MALE MENTEE APPLICATION 2019

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 about our program? _____

Please choose 4 of the interest areas below and rank from 1 to 4 (with 1 being your first choice and 4 being your last choice). You will be assigned a mentor based on your choices, if one is available.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Dentist | <input type="checkbox"/> Law (Lawyer/Judge) | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Doctor | <input type="checkbox"/> Management | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Engineer | <input type="checkbox"/> Marketing/Sales | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Auditor/Taxation | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Mechanic | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Author | <input type="checkbox"/> Entrepreneur | <input type="checkbox"/> Media | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Finance | <input type="checkbox"/> Musician | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Business | <input type="checkbox"/> Firefighter | <input type="checkbox"/> Police Officer | <input type="checkbox"/> Veterinarian |
| <input type="checkbox"/> Chef | <input type="checkbox"/> Government | <input type="checkbox"/> Producer | <input type="checkbox"/> Other |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Health/Fitness | <input type="checkbox"/> Professor | _____ |

I understand there is no guarantee of acceptance into the 100 Black Men of Los Angeles' mentoring program.

SIGNATURE OF PARTICIPANT (Mentee)

DATE

PARENT/GUARDIAN APPROVAL

I, _____ (Parent/Guardian) give permission for _____ (Mentee) to participate in the 100 Black Men of Los Angeles, Inc.'s, See Your Future Mentoring Program and I agree that photos and videos of his participation can be made to promote the program.

Furthermore, I release from civil liability all parties sponsoring and participating in this event should any legal grievances arise or stem from my youth's involvement in the mentoring program. This includes, but is not limited to, personal injury and loss of property.

SIGNATURE OF PARENT/GUARDIAN

DATE