**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOUSEHOLD INFORMATION:**

**ADULT CONTACT #1**

Name:

Relationship to Participant:

Phone Number: Email:   
Street Address:   
  
Preferred method of contact:

**ADULT CONTACT #2**

Name:

Relationship to Participant:

Phone Number: Email:   
Street Address:   
  
Preferred method of contact:

**ADDITIONAL HOUSEHOLD MEMBERS AUTHORIZED FOR PICK UP:**

Name: Relationship: Age: Contact:

Are you the parent/guardian of a previous participant (circle one)?  Yes No

Name(s) of one or more Participant(s) currently or previously enrolled:

**Beneficiary Self-Certification Form**

This program receives assistance from the City of Hoboken Community Development Block Grant Program and Hudson County Health Services. These grantors require us to collect specific information about our program participants. This information will be kept confidential and will only be provided in summarized reports.

Zip Code:

Household Size (Number of members):

Total Annual Household Income:

Circle Income Category:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Household Size: | Include all members living in same household | | | |
| 2 persons | $22,000 or less | $22,001 - $36,700 | $36,701 to $58,700 | Above $58,700 |
| 3 persons | $24, 750 or less | $24,751 - $41,300 | $41,301 to $66,050 | Above $66,050 |
| 4 persons | $27,500 or less | $27,501 to $45,850 | $45,851 to $73,350 | Above $73,350 |
| 5 persons | $30,170 or less | $30,171 to $49,550 | $49,551 to $79,250 | Above $79,250 |
| 6 persons | $34,590 or less | $34,591 to $53,200 | $53,201 to $85,100 | Above $85,100 |
| 7 persons | $39, 010 or less | $39,011 to $56,900 | $56,901 to $91,000 | Above $91,000 |

**TRUE Mentors 2020-2021 Participant Enrollment Form**

The mission of TRUE Mentors is to unearth the excellence of our participants through meaningful relationships. We recognize the value of healthy community-based activities in building skills and allowing participants to reach their full potential.   
  
Below is a list of our current programs. Please check the box of programs you’d like to enroll this participant in so we can provide you with any additional required form(s):

𛲠 [**Mentoring Program**](http://truementors.org/programs/mentoring/):  
Open to ages 7 - 18, our **Mentoring Program** matches individual youth with a local, adult mentor for 1:1 monthly sessions focused on building skills, exploring new passions, and supporting mentees through personal hardships. Mentors commit monthly contact for a minimum of one year.

𛲠 [**Enrichment Clubs Program:**](http://truementors.org/programs/enrichment-clubs/)Open to TRUE Mentors participants in 2nd through 8th grade, **Enrichment Clubs** is a weekly group mentoring opportunity focused on building peer relationships, practicing skills, and collectively cultivating the talent of our participants. Multiple activities are provided Tuesdays between 6 - 8 PM for the duration of the school year.

𛲠 [**Teen Independence Program**](http://truementors.org/programs/internship/)**:**Open to all TRUE Mentors participants in high school, our **Teen Independence Program** focuses on building the hard and soft skills necessary to move into professional employment and become independent post high school. We provide group and individualized professional mentoring to align each participant with a volunteer opportunity, internship, or part-time job that will assist them along their professional journey.

𛲠 **Homework Helpers Program:**   
Open to all TRUE Mentors participants, **Homework Helpers** is a newly established program providing additional support to participants struggling with virtual learning. It includes our laptop leasing and 1:1 homework helping sessions provided virtually and in-person. In partnership with education officials, we support the students in completing homework, improving test scores, and addressing missing assignments.

Please fill out the following enrollment packet for **each** participant being enrolled into TRUE Mentors Programs.

**PARTICIPANT INFORMATION**

Name(s):

Email(s): (if none leave blank)

Phone(s):

Preferred Contact (circle one): Participant’s / Guardian’s

Sex (circle one): Female Male Preferred Pronoun: She He They Other

Birthdate:

Current Grade:

Name and Location of School:

Does this participant have an Independent Education Plan (IEP) or 504 plan with their school (circle one): Yes No Unsure

Counselor/Therapist Name and Contact:

Additional afterschool or community programs (please list all)

Physician Name & Contact:

Allergies:

Special Physical /Medical / Mental Health Needs or Limitations:

**Required Primary and Secondary Emergency Contact:**

1. Name: Relationship:

Phone: Email:

Back-up Phone Number:

1. Name: Relationship:

Phone: Email:

Back-up Phone Number:

**Emergency Plan:** If no one has come to collect this participant and we are unable to reach their listed contacts, what is the emergency plan (**Example:** participant may walk home with contacts from the following families):

**What is your primary reason for enrolling the participant:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant’s’ hobbies and special interest(s):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is the participant struggling with particular issues (school, emotional concerns, historical trauma)? If so, please share as much as you are comfortable:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional information you feel we should know:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All Program Permissions:**

**Please read the following carefully and initial next to each statement:**

I, **(guardian’s name)** \_\_\_\_\_\_\_\_\_\_, am the legal guardian of **(participant name)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I grant permission for **(participant name)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in all TRUE Mentor programs and activities. I understand that this permission slip applies to all TRUE Mentors programs and sanctioned activities, whether they be in person, virtual, offsite (field trips), or onsite.**\_\_\_\_\_\_(Initial)**

I understand that guardians will be notified of all field trips before they occur (including dates, locations, modes of transportation, potential risks and timing). On all field trips the participant will be supervised by a TRUE Mentors volunteer and/or TRUE mentors staff.**\_\_\_\_\_(Initial)**

**Traveling/Transportation:** For the field trips (i.e. Ben and Jerry’s), I understand that TRUE Mentors volunteers/staff may transport participants by foot (walking if within Hoboken) or by public transportation (bus, train, light rail, ferry, etc..) and will return to the Jubilee Center at the designated time, unless otherwise previously communicated. I understand that if I choose to transport my participant(s) to and from a field trip location, notice must be given to a TRUE Mentor volunteer/staff.**\_\_\_\_\_\_(Initial)**

**Authorized to Treat Minor:** In the event of a true emergency that requires medical care, I authorize TRUE Mentors to call 911 and/or to contact a medical facility/physician selected by TRUE Mentors to provide proper treatment to **(participant name)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and that I will be responsible for all expenses arising in association with such treatment.

**Medication/Allergies:**I certify that I will keep the TRUE Mentors staff apprised as to my participant(s) food allergies and essential medications relating to health issues that may require emergency treatment. I will provide a current list to the TRUE Mentor staff. **\_\_\_\_\_\_\_\_\_\_(Initial)**

**Photography (optional)*:*** I give TRUE Mentors permission to take pictures of my participant(s) during the pendency of TRUE Mentor programs and activities. I permit TRUE Mentors, HOPES, Inc & Jubilee Center to use these photos in materials/presentations provided that TRUE Mentors, HOPES Inc, & Jubilee Center don’t provide the full name of the participant. \_\_\_\_\_ **(Initial)**

**Indemnity and Waiver of Claim*:*** I, the undersigned, the (choose appropriate option) **Parent/Lawful Guardian** of **(participant name)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby acknowledge that as a condition of the participant enrolling in programs, agree to indemnify and hold harmless TRUE Mentors, its employees and volunteers, its governing board, the individual members thereof, and all other agents from any liability, lawsuit, cost, expense or claim of any type, whatsoever (including legal fees) for any harm, injury or death arising out of the above mentioned activity. \_\_\_\_\_ **(Initial)**

**Suspensions/Terminations:** I have read and agree with the TRUE Mentors Behavior Management Policy & Commitment Policy for all programs and understand that any violation on the participant’s part may result in suspension and/or termination from the program(s).  **\_\_\_\_\_(Initial)**

**Dismissal Permissions** (optional)**:** I  **(print name)** \_\_\_\_\_\_\_\_\_\_\_\_\_ give my permission for my participant(s) to leave TRUE Mentors programs alone at the dismissal of programs and/or meeting(s) and event(s). **\_\_\_\_\_(Initial)**

**COVID-19:** I acknowledge that all TRUE Mentor programs and activities are subject to change due to the fluctuating COVID-19 emergency. I acknowledge that I have read, signed and agreed to the separate COVID-19 waiver provided by TRUE Mentors. **\_\_\_\_\_(Initial)**

### **Race of Program Participant (must circle one):**

□ White □ Black/African American □ Asian □ American Indian/Alaskan Native

□ Native Hawaiian/Other Pacific Islander □ American Indian/Alaskan Native & White   
□ Asian White □ Black/African American & White □ Asian/Pacific Islander  
□ American Indian/Alaskan Native & Black/African American □ Other multi-racial

### 

### **Ethnicity of Program Participant (must circle one):**

□ Hispanic □ Non-Hispanic

**I certify that the above information is correct and true to my knowledge.**

Signature: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Youth Leadership Series:**

Participants ages thirteen (13) and up can participate in Youth Leadership planning discussions and presentations on social justice topics of interest to the participants and facilitated by outside experts. Topics may include but not be limited to: Racism, the School to Prison Pipeline, LGBT+ Equality, and more.

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (guardian’s name) consent to \_\_\_\_\_\_\_\_\_\_\_\_\_(Participant’s Name) participating in Youth Leadership planning discussions and presentations virtually and in-person as scheduled.

Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**For Homework Helpers Program:**

**Consent to Share and Release Information**

I authorize the following organizations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Participant’s School) and TRUE Mentors to release and exchange information regarding \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Participant’s Full Name) in verbal, written, or electronic form for the purpose of educational, social, and emotional planning and coordination of services. The information will be kept confidential between the two organizations and will not be used for any other purposes. This authorization is in effect for the \_\_\_\_\_\_\_\_\_\_\_\_ (school year).

Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

TRUE Mentors Staff Rep.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_