



## National Coalition of 100 Black Women, Greater Cleveland Chapter, Inc.

***“Through Her Eyes”***

### MENTEE APPLICATION

Mentoring is a partnership between two people based on a commitment to the mentoring process, common goals/expectations, and mutual trust and respect. Mentoring is a “get and give” experience to provide both partners with a rich and rewarding experience. We ask you to provide the requested information so a match can be made.

#### STUDENT INFORMATION

Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Current GPA: \_\_\_\_\_ Age: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

#### PARENT INFORMATION

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### PLEASE RESPOND TO THE INFORMATION REQUESTED BELOW:

1. What are you looking to gain from a mentorship relationship?

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2. Describe your talents and skills (i.e., knowledge, skills, and abilities):

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**3. List a series of professions and trades you are interested in learning more about:**

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**4. What are your interests or hobbies?**

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**5. What else would you like for us to know about you?**

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**6. Volunteer Activities/Interests?**

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National Coalition of 100 Black Women, Greater Cleveland Chapter, Inc.  
“Through Her Eyes”  
Consent Form

Print Student's Name:

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*The National Coalition of 100 Black Women, Greater Cleveland Chapter Inc.* appreciates you and your child's interest in joining our program. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their student to participate.

Please initial each of the following:

**I agree** to have my child follow all program guidelines and understand that any violation on my child's part may result in suspension or termination from the program.

**I hereby acknowledge** that my child may be transported by members of the National Coalition of 100 Black Women, Inc., or their representatives while participating in the *NCBWGCC Through Her Eye Mentorship Program* and that such transportation is voluntary and at our own risk.

**I agree** to allow the National Coalition of 100 Black Women, Inc. to use any photographic image of my child taken while participating in the development program. These images may be used in promotions or other related marketing materials. I understand that this includes newspapers, newsletters, website and magazine publications, and any projects related to the program.

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

Student Signature

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Student Printed Name

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Parent/Guardian Signature

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Parent/Guardian Printed Name

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