







### Generation GF Mentor Program Mentee Application

To Be Completed by the Parent/Guardian - All fields are required

Personal Information				
Date:				
Childs Name:				
Parent/Guardian Name:				
Relationship to Youth: Mother	Father	other, specify:		
City:	State:	Zip:		
Home phone:	Work J	phone:		
Birth Year: School 0	Grade:	Gender Identity:		
Do you have a preference of the	gender of m	entor? ☐ Yes ☐ No		
If yes what gender				
Application Questions				
1. Why do you/your child want to participate in the Generation GF Mentor Program?				
2. What qualities are you looking	for in a men	ntor?		
<ul><li>3. Is your child available to conne</li><li>2-3 sessions with a mentor? □</li></ul>		ver the phone, and/or over email for a minimum of		









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4. Are you and your child willing to attend an initial mentee information session? $\Box$ Yes $\Box$ No.
5. Are there specific challenges or issues that your child is facing living gluten-free?
6. Can you provide any additional background information that may be helpful in finding your child a mentor?
7. Do you have any questions about the Generation GF Mentor Program?









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### To Be Completed By Child

Please answer the questions below in order to help the Generation GF Mentor Program find a good Mentor for you.			
What are the most convenient times for you to meet with your mentor? Please check all that apply.			
Weekdays: □ After school □ Evenings □ Weekends			
Do you speak any languages other than English? If so, which languages?			
What are some favorite things you like to do with other people?			
What are your favorite school subjects?			
What is one goal you have set for the future?			









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If you could learn something new, what would it be?		
What person do you most admire and why?		
Please list all activities you are interested in:		
List any other areas of special interest:		









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#### Parent/Guardian

After receiving this completed application, GIG will review the Application. If accepted, you will be sent an acceptance letter. If declined, GIG will notify you view email or phone.

NOTE: If accepted, the information supplied in this application may be used to match your child with an appropriate mentor. Therefore, GIG may need to share this information with prospective mentors and other parties when it is in the best interest of the match. However, we do not reveal names until there is an initial interest from the mentee, parent/guardian, and mentor based first upon anonymous information provided.

Submit completed application to <a href="mailto:GenerationGF@gluten.og">GenerationGF@gluten.og</a>	org			
Parent/Guardian Signature	 Date			
GIG and the Generation GF Mentor Program appreciates becoming a mentee. This application is intended as a me consent of the parent/guardian to allow their child to partic Program.	ans of informing and gaining the			
Please read this carefully before signing By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.				
I understand I must return all of the following completed it that any incomplete information will result in the delay of r  Information Release Form Photo Release Form (optional)				
(optional) I agree to allow the Generation GF Meimage of my child taken while participating. These images related marketing materials.				
I release the Generation GF Mentor Program staboth collectively and individually, of all liability of injury, dechild, family, estate, heirs, or assigns that may result from	eath, or other damages to me, my			
I agree to have my child follow all Generation GF Mentor Program guidelines and understand that any violation on my child's part may result in suspension and/or termination of the Generation GF Mentor Program.				
I give my informed consent and permission for n GF Mentor Program and its related activities.	ny child to participate in the Generation			
Please initial each of the following:				