



2021

## Generation GF Mentor Program Mentee Application

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

When complete, Submit application to [GenerationGF@gluten.org](mailto:GenerationGF@gluten.org)

### Personal Information

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

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

Parent/Guardian Name: \_\_\_\_\_

Relationship to Youth: Mother \_\_\_ Father \_\_\_ other, specify: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Birth Year: \_\_\_\_\_ School Grade: \_\_\_\_\_ Gender Identity: \_\_\_\_\_

Do you have a preference of the gender of mentor?  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 mentor?



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3. Is your child available to connect online, over the phone, and/or over email for a minimum of 2-3 sessions with a mentor?  Yes  No

4. Are you and your child willing to attend an initial mentee information session?  Yes  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 via 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.

Please initial each of the following:

\_\_\_\_\_ I give my informed consent and permission for my child to participate in the Generation GF Mentor Program and its related activities.

\_\_\_\_\_ 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 release the Generation GF Mentor Program staff/volunteers, or other representatives, both collectively and individually, of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation.

\_\_\_\_\_ (optional) I agree to allow the Generation GF Mentor Program to use any photographic image of my child taken while participating. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following completed items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Information Release Form
- Photo Release Form (optional)

### **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.

GIG and the Generation GF Mentor Program appreciates you and your child's interest in becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their child to participate in the Generation GF Mentor Program.

\_\_\_\_\_  
**Parent/Guardian Signature**

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

Submit completed application to [GenerationGF@gluten.org](mailto:GenerationGF@gluten.org)