



AGBU GENERATION NEXT

Mentee Application

PERSONAL INFORMATION

Mentee Full Name: _____
Last First Gender Date

Current Address: _____
Street Address Apt./Unit. City State Zip Code

Home Phone: _____ Mobile Phone: _____ Email: _____

Date of Birth: _____ Birthplace: _____

School Name: _____ Counselor Name: _____ Grade Level: _____

Parent/Guardian: _____
Last First Relationship to Mentee

Current Address: _____
Street Address Apt./Unit City State Zip Code
(Leave blank if same as Mentee)

Home Phone: _____ Mobile Phone: _____ Email: _____

Parent/Guardian: _____
Last First Relationship to Mentee

Current Address: _____
Street Address Apt./Unit # City State Zip Code
(Leave blank if same as Mentee)

Home Phone: _____ Mobile Phone: _____ Email: _____

MENTEE QUESTIONS

1. List 5 adjectives that best describe you: _____
2. What are your interests and hobbies? (Soccer, movies, video games, poetry, etc.) _____

3. What career/job do you want to have when you are older? _____
4. What do you hope to gain from this Mentorship Program? _____
5. Name 3 people you like/respect most. Why? _____

Please read through these agreements carefully and initial everywhere an X is indicated.

- I agree I must attend a mentee training in order to participate in the mentoring program. (Initial here) X _____
- I understand that I represent AGBU and the Mentoring Program while I am at all sessions.
- I will be consistent: I will attend all sessions and events.
- I will respect my mentor and behave respectfully towards everyone in our mentoring community.
- I will not ask my mentor or anyone else in the program for money or expensive gifts. (Initial here) X _____
- I understand that I will be meeting with my mentor regularly.
- I will notify AGBU staff and my mentor if I am unable to stay in the program for whatever reason, so that another student can have this opportunity. (Initial here) X _____
- I understand and agree to participate in record keeping and other evaluation efforts. (Surveys, interviews, Mentee Debrief Sessions, exit questionnaires... etc.),
- I understand as part of my participation in the Mentoring Program, I am expected to engage in activities that promote growth in the areas of computer learning, life skills, leadership & communications training. (Initial here) X _____

I understand and acknowledge the state and local guidelines to ensure the safety of all from the COVID-19 pandemic. I understand that the program will be adjusted to reflect these guidelines if needed. I will always respect the privacy of all participants in the program. I will not take any screenshots or photos unless specifically permitted to do so. I will conduct myself with decorum during all online sessions

DISCLAIMER AND SIGNATURE

I, _____, have answered all of these questions truthfully and promise to follow all program rules in order to stay in this program.

Mentee signature

Parent/Guardian signature

Date

Parent/Guardian name

Date





AGBU GENERATION NEXT

Photo, Video and Media Release

I, _____, parent / legal guardian of _____, give permission to AGBU Generation Next ("GenNext") to use my child's name, likeness, image, or voice to be used in photographic, video, digital, or other recording forms. I give my permission for the program to use those recordings or works produced by my child (e.g., artwork) for promotional, commercial, information, and educational purposes in any and all media (including the internet) now existing or hereafter devised, for any purpose whatsoever, as deemed appropriate by GenNext. This consent includes the unrestricted right and permission to copyright and use, reuse, publish, republish, edit, alter, exhibit and/or distribute any images of my child or in which my child may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations. I understand that the image may be readily accessible by the general public. I further acknowledge and agree that GenNext shall not be responsible for any use of the image by any third party accessing the image through the internet or any other manner. I understand that I will not have an opportunity to review or approve uses of the recordings or works, and I hereby waive any right to inspect or approve the same. I understand that neither my child nor I will receive payment or any other compensation for the taking or use of any recordings or works created as a result of my child's participation in the program. To the extent the image or media of my child is an educational record and may contain personally identifiable information about my child as defined by the Family Educational Rights and Privacy Act of 1974 ("FERPA"), I hereby consent to the release of the image or media.

I understand that I have the right not to consent to my child being videotaped, photographed, or recorded during the program, and the right not to consent to the release or use of the image or media and any personally identifiable information about my child contained in the media, and that this consent shall remain in effect until revoked by me in writing and delivered to GenNext, though any such revocation shall not affect disclosures previously made prior to its receipt. I further release, discharge, indemnify, and hold harmless GenNext and the AGBU, its members, officers, agents, and employees, from and against all liability, actions, debts, claims, demands, rights, injuries, damages, or causes of action of every kind whatsoever, arising from and by reason of any known or unknown, foreseen or unforeseen, relating to the taking or use of the recordings or works of my child, including, without limitation, any and all claims for invasion of privacy, rights of publicity, libel, and slander. I understand that the acceptance of this release and waiver of liability by GenNext. This authorization and release shall inure to the benefit of the heirs, legal representatives, licensees, and assigns of GenNext. If any provision of this Photo, Video and Media Release shall be held invalid or unenforceable, such provision will be deemed severable without affecting the validity or enforceability of the remaining provisions.

Please print your name in the box below, if you do not wish to give permission.

No, I do not grant permission for my child's name, likeness, image, or voice to be used in any form, unless necessary for the administration of the program while my child is participating. _____

Parent/Guardian: _____

Relationship: _____

Signature: _____

Date: _____

