

# Memo

**To:** Parents/Guardian of Mentoring Brother 2 Brother Current and Applicant Mentees

**From:** Mr. Terrence Chase, President

**Date:** August 10, 2008

**Re:** Mentoring Brother 2 Brother Program Application Process

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**Please review this Memo PRIOR to Completing Application Forms**

Thank you for considering participation in our Mentoring Brother 2 Brother programs. We vision our programs as a partnership between the Mentee, parent and organization, and thus respect and cooperation is key to Mentee program participation being a success. Following is our 2008-09 MB2B Mentee application that must be completed and returned to the Mentoring Brother 2 Brother organization by **August 31, 2008**.

All information obtained from the application processes and interviews will remain confidential and property of Mentoring Brother 2 Brother, Inc.

Incomplete applications will not be processed.

Mentees who participated in our 2007-08 Program will be contacted directly of their inclusion status for the upcoming program year by Mentoring Brother 2 Brother by early September.

All applications for our 2008-2009 program year are due **Sunday, August 31, 2008** – no exceptions. Your application packets are to be mailed to:

**MB2B – 2008 Mentee Application  
4605 Canyon Way – Suite 14106  
Arlington, TX 76018-5645**

Please contact **Dr. Tamara Johnson** at [info@MB2B.org](mailto:info@MB2B.org) or **817-466-1456** if you have questions about the application processes or application packet.

Applicant Mentees that are approved for the next level of the application process will be invited to attend with their parent/guardian a Parental Informational Meeting that will be held on Saturday, September 13, 2008 at the Concord Church.

# Mentoring Brother 2 Brother, Inc.

## Mentee Application Check-Off List

Return the completed application packet and this check-off list as a cover sheet by **Sunday, August 31, 2008**. Faxed, emailed and applications US post office post-marked after August 31, 2008 will NOT be accepted. Application packet must be mailed to:

**MB2B – 2008 Mentee Application**  
**4605 Canyon Way – Suite 14106**  
**Arlington, TX 76018-5645**

<b>Applicant Mentee Name</b>	
<b>Parent/Guardian Name</b>	
<b>Parent Phone Number</b>	
<b>Parent Email Address</b>	

**Reminder: Incomplete applications will not be processed – NO EXCEPTIONS.**

- Program Application
- Power of Attorney - Medical Treatment Consent
- Field Trip Permission Form
- Media Permission Form
- Medical Information & Release Form
- Parent Permission Form

Please make a copy of your application packet for your records.

Any and all information obtained through the Mentoring Brother 2 Brother application process and interviews will remain confidential and the property of Mentoring Brother 2 Brother, Inc.

# 2008-2009 Mentee Program Application

Mentoring Brother 2 Brother, Inc.  
August 2008

Please complete all sections. Incomplete applications will not be processed. All information provided will remain confidential and property of Mentoring Brother 2 Brother, Inc.

<b>Mentee Application Information</b>	
Name	
Address	
City	
Zip	
Home Phone	
Email	
Date of Birth/Age	
<b>Parent/Guardian Information</b>	
Name	
Address	
City	
Zip	
Home Phone	
Cell Number or Alternate Phone Number	
Work Number if Applicable	
Email	
Relationship to Applicant	<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Grandmother <input type="checkbox"/> Aunt <input type="checkbox"/> Other Relative
<b>Please designate a relative, friend or neighbor who is authorized to pick-up and/or transport your child in case of an emergency.</b>	
Emergency Contact Name	
Relation to Applicant	<input type="checkbox"/> Relative <input type="checkbox"/> Neighbor <input type="checkbox"/> Other
Emergency Contact Home or Cell Number	

# 2008-2009 Mentee Program Application Parental Questionnaire

Mentoring Brother 2 Brother, Inc.  
August 2008

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

Applicant's Current School and Location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grade Level for 2008-2009: \_\_\_\_\_

Most current TAKS Scores. Please attach a copy of most recent scores if available \_\_\_\_\_

\_\_\_\_\_

Current church and/or ministry participation: \_\_\_\_\_

\_\_\_\_\_

Children/Youth or Senior Pastor if applicable. \_\_\_\_\_

Please list all current extra-curricular activities and/or recent community service projects.


What are your expectations for your child's participation in the Mentoring Brother 2 Brother program?


Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mentoring Brother 2 Brother, Inc.

PO Box 2702

Cedar Hill, TX 76106-2702

P: 972-345-9194

F: 928-496-3771

W: <http://MB2B.org>

E: [info@MB2B.org](mailto:info@MB2B.org)

**2008-2009 Mentee Program Application  
Special Power of Attorney  
Medical Treatment Consent**

**Mentoring Brother 2 Brother, Inc.  
August 2008**

I, \_\_\_\_\_, am the parent/guardian of minor child,

\_\_\_\_\_, and am legally responsible for the well being of said minor child.

If Mentoring Brother 2 Brother, Inc. is unable to contact me in the event of an emergency, I hereby authorize an adult from Mentoring Brother 2 Brother, Inc., during a period of **August 1, 2008 to July 31, 2009**, inclusive, in whose care said minor child has temporarily been placed, to authorize and consent to any medical treatment, procedure, or provision of medication of any kind for said minor child, solely in the discretion and judgment of such above named adults, and to stand in my place in all respects concerning the care and provision of medical treatment to the minor child. I hereby authorize any provider of medical services to rely on this consent form. I waive any claim against such provider with respect to any provision of medical treatment, including provision of medication, to such minor child, as instructed by the named adults to whom this power is granted, which claim would be based on an absence of parental consent for provision of medical treatment of minor child.

This consent and special power of attorney is granted this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

\_\_\_\_\_  
Signature of parent or guardian of applicant

For Fiscal Program Year – August 1, 2008 – July 31, 2009

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# 2008-2009 Mentee Program Application Field Trip Permission Form

Mentoring Brother 2 Brother, Inc.  
August 2008

The undersigned parent or guardian of \_\_\_\_\_  
realizing the importance of field trips to the total educational process, hereby gives  
permission for this child to participate in field trips as sponsored by the Mentoring  
Brother 2 Brother organization.

If my child is being transported by commercial carrier or other leased or rented vehicles  
and an injury occurs, I understand that I shall look to the commercial carrier or owner of  
the other leased or rented vehicle to pay any medical bills incurred as a result of such  
injury and shall release Mentoring Brother 2 Brother, Inc., including its agents and  
employees, from liability. If my child is injured while participating in the field trip, I agree  
and understand that liability arising out of said field trip is assumed hereby and shall be  
at the sole and exclusive risk of the undersigned.

I understand that on occasion fishing; swimming and water play are part of a field trip  
activity.

I hereby certify that my child (Check One)

Is capable of swimming       Is not capable of swimming.

\_\_\_\_\_  
Signature of parent or guardian of applicant

\_\_\_\_\_  
Date

For Fiscal Program Year – August 1, 2008 – July 31, 2009

# 2008-2009 Mentee Program Application Media Permission Form

Mentoring Brother 2 Brother, Inc.  
August 2008

Mentoring Brother 2 Brother, Inc. occasionally receives requests from various media sources and contacts to do stories, articles or profiles in addition to media and/or print coverage of organizational events that the organization deems appropriate and may require filming, taking pictures and/or interviewing of our Mentees.

Please check a box below to let us know if your child may participate in any media contact directly or indirectly related to Mentoring Brother 2 Brother events, programs or community service projects.

(Please Check One)

- My child may be interviewed or filmed.
- My child may not be interviewed or filmed.

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Signature of parent or guardian of applicant

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Date

For Fiscal Program Year – August 1, 2008 – July 31, 2009

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# 2008-2009 Mentee Program Application Medical Information & Release Form

**Mentoring Brother 2 Brother, Inc.  
August 2008**

The Mentoring Brother 2 Brother organization will take every precaution to make all activities as safe as possible. Participants have the responsibility to help reduce the chance of accident or injury. Participants MUST obey safety rules at all times. The Mentoring Brother 2 Brother (MB2B) organization must have this form on file in the event of an emergency where medical attention is needed. In the event of an accident involving your child, an MB2B staff member, board member, volunteer or officer will attempt to contact a parent/guardian first, then your second contact and doctor. If you are all unavailable, the MB2B will administer first aid and/or proceed to the nearest emergency room as deemed appropriate. Please read carefully and fill out this required release form as an added protection for you child.

Name		Date of Birth	
Child's Home Address		Last 4 Digits of SSN	
City		Home Phone	
Zip:		Cell Phone	
Parent Name		Parent Home Number	
Parent Home Address		Parent Work Number	
City		Parent Cell Number	
Zip			
Physician Contact		Physician Phone	

**In case of emergency, please list a secondary contact, should the parent listed is not be available:**

Name		Relation to Child	
Home Phone		Work or Cell Number	

**Please list in detail any allergies your child has, and to what extent it affects the child.**

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**Please list any medications your child is taking or has recently stopped taking.**

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**List any conditions that might limit your child's participation. (e.g. diabetes, epilepsy, heart condition, etc)**


I (parent's name) \_\_\_\_\_, binding my heirs, executors, administrators, estate and assigns, do hereby release and agree not to hold liable Mentoring Brother 2 Brother, Inc., their officers, agents and employees, from any and all actions, causes of action, claims, demands, costs or damages as a result of property damage or personal injuries sustained by myself, my child/children, or my employees while participating in an Mentoring Brother 2 Brother, Inc. program.

I further release Mentoring Brother 2 Brother, Inc., their officers, agents and employees from all liability for personal injury resulting from my child's failure of other participants in the activity to obey safety regulations and directions of the activity leader in good faith, in response to emergencies and exigencies which occur during the activity; provided however, that nothing contained herein shall excuse any employee of Mentoring Brother 2 Brother, Inc. or person assigned to be an activity leader by an employee of Mentoring Brother 2 Brother, Inc., from the responsibility to act with reasonable care for my child's safety during the course of the activity appropriate to the circumstances.

I hereby authorize the Mentoring Brother 2 Brother, Inc. to consent to emergency medical or dental treatment for my child while my child is a participant in the Mentoring Brother 2 Brother, Inc. program. I understand that Mentoring Brother 2 Brother, Inc. will make all reasonable efforts to contact me and provide me with notice in the event that my child requires emergency medical or dental treatment. In the event that Mentoring Brother 2 Brother, Inc. cannot contact me and give me notice, I understand that I am hereby authorizing Mentoring Brother 2 Brother, Inc. to consent to such treatment on my behalf. I understand that Mentoring Brother 2 Brother, Inc. will seek necessary emergency treatment for my child only in the event my child is injured or harmed while engaged in a program or activity sponsored Mentoring Brother 2 Brother, Inc.

Signature of Parent/Guardian: \_\_\_\_\_

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

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# 2008-2009 Mentee Program Application Parental Permission Form

Mentoring Brother 2 Brother, Inc.  
August 2008

I, \_\_\_\_\_ the parent/guardian of

\_\_\_\_\_ permit them to participate in Mentoring Brother 2 Brother, Inc., programs and events. I have read and fully understand the rules, regulations and structure of the program. I have met with the Officers of the organization to discuss my child's participation.

I understand that the volunteers who serve in the Mentoring Brother 2 Brother organization are adult volunteers from the community who have been carefully screened by the organization. The meetings between my child and their mentor will take place both at the site of the program administration at the Concord Baptist Church in Dallas and during off-site projects and events. All contact between Mentee and Mentor are scheduled and monitored by the organizational Officers as well as the organizational Board of Directors.

I reserve the right to withdraw my child from the program and at time with or without notice. The organization also has the right to dismiss your child from the program when it is deemed appropriate if behavior, character and attitude are not within compliance of the rules, regulations and policies of the Mentoring Brother 2 Brother organization.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Date

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