

ONE TO ONE

Parent Application

Name of Child\ren: _____/_____ Date: _____

Address: _____ Phone: _____

Birthday/s: _____/_____ Age/s: _____/_____ Sex: _____/_____

Height: _____/_____ Weight: _____/_____

Name Of Parent(s) or Guardian Completing Application:

Age: _____ Occupation: _____

Place Of Employment: _____

Can You Be Called At Work? _____ Phone _____

Work Schedule: _____

Are The Parents: Married Divorced Legally Separated Widowed

Date of Divorce/Separation/Death of Spouse: _____

Name of Parent Not in the Home: _____

Location of Parent Not in the Home: _____

Name of Person Having Custody of this Child: _____

If Joint Custody, Please Describe Visitation Schedule: _____

Children In Household

<i>Name</i>	<i>Sex</i>	<i>Height</i>	<i>Weight</i>	<i>Age</i>	<i>D.O.B.</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Why Do You Want An Adult Mentor For Your Child?

Parent Release

I Request One To One Services For My Child. I Give Permission For My Child To Participate In Supervised One To One Activities And For The One To One Director, Staff Member Or Volunteer To Contact The School Regarding My Child, Or Any Other Community Agency, If Necessary. I Also Give Permission For The Staff To Share Information About My Child With A Volunteer (Using First Names Only At The Outset) To Determine Whether The Match Is Appropriate Or To Speak With Members Of The Board Of Directors About My Child When Necessary.

I Also Give Permission To The Staff Of One To One To Take Photographs Of My Child While Engaged In Organizational Activities And To Use Such Photographs For Publication Purposes.

I, Having Legal Custody Or Guardianship Of The Child, Do Understand That This Application Does Not Constitute Acceptance Or Participation In The One To One Program.

Signature: _____

Date: _____