IMPOWER MOVEMENT, INC.
Mentee Application & Enrollment Form

Parent/Guardian completes this form • Impowermovement@impmvt.org • 904-658-0247

1. YOUTH & PARENT/GUARDIAN INFORMATION

Youth Full Name _____ DOB _____ Age _____ Grade _____

School _____ Youth Preferred Name (if different) _____

Parent/Guardian Name _____ Relationship _____ Best Phone _____

Email _____ Address _____ City/State/ZIP _____

Best way to contact you: ☐ Call ☐ Text ☐ Email **Preferred contact time:** ☐ Morning ☐ Afternoon ☐ Evening

SMS Consent:

☐ I agree to receive text messages from Impower Movement regarding program updates, reminders, events, schedule changes, and other information related to my participation.

2. PROGRAM FIT & GOALS

Why would you like your child to participate in Impower Movement?

What are 1–2 goals you would like the mentoring program to support?

Youth strengths/interests (check all that apply): ☐ Sports ☐ Arts/Music ☐ Gaming/Technology ☐ Academics ☐ Leadership ☐ Career/College ☐ Community Service ☐ Other: _____

Areas where your child may benefit from support: ☐ Confidence/Self-esteem ☐ Social skills ☐ School/Academics ☐ Life skills ☐ Leadership ☐ Career/College planning ☐ Stress/Emotional support ☐ Other: _____

Anything important we should know to help us make a supportive mentor match?

3. AVAILABILITY & SCHOOL SNAPSHOT

Can your child commit to approximately 4 hours of mentoring per month for at least 6 months? ☐ Yes ☐ No ☐ Unsure
If no/unsure, please note scheduling limitations: _____

School Attendance/Academic Concerns (brief) _____ Behavior or Peer Concerns (brief) _____

4. HEALTH, SAFETY & SUPPORT INFORMATION

Please provide only information that may affect your child's safety, participation, or mentor support.

Allergies or Dietary/Environmental Needs

_____

Medical/Physical Limitations

_____

Emotional/Behavioral Considerations

_____

Current Counselor/Therapist (if applicable)

_____

Would you like help connecting your child to counseling or other community support? ☐ Yes ☐ No

Emergency Contact Name	Relationship	Phone
_____	_____	_____

5. PARENT/GUARDIAN CONSENT & ACKNOWLEDGMENT

☐ I consent to my child's participation in Impower Movement mentoring and related educational, recreational, and enrichment activities.

☐ I agree to support my child in following program rules and understand that serious or repeated violations may result in suspension or removal from the program.

☐ I understand that relevant information may be used to support mentor matching and program safety. Identifying information will be handled confidentially and shared only as appropriate for program purposes.

☐ I understand that participation includes activities and transportation arrangements communicated by the program, and I agree to the program's safety and liability policies.

☐ OPTIONAL — I give permission for Impower Movement to use photos/video of my child for promotional, educational, or marketing purposes.

Parent/Guardian Full Name	Signature	Date
_____	_____	_____

Thank you for helping us create a meaningful and supportive mentoring experience for your child!

OFFICIAL USE	Staff Review Date	Decision / Notes
_____	_____	_____