



INTAKE FORM

Priority for enrollment in this program is based on the following factors: underserved student preference, days/hours enrolled in the program, student need, recommendation from school, parent work and school schedule, foster and homeless youth status. Those not accepted will be put on a waiting list.

Use a separate form for each student

Student

Last Name _____ First Name _____

Birth Date _____

Grade Attending 20__-20__ (circle one)

1 2 3 4 5 6 7 8 9 10 11 12

School Attending:

Does your child have a 504 plan or IEP? Yes No

Siblings Also Applying for this Program? Yes No

Siblings _____

School(s) Attending by Siblings 20__-20__

Is this student: A homeless youth? Yes No

In foster care? Yes No

Is this student Native American? Yes No

If yes, Tribal Affiliation: _____

Household 1 Parent/Guardian #1

Parent/Guardian #2

Name #1

Name #2

Employer _____

Employer _____

Work and/or School Schedule Start/End Time (M 2:30/5:45)

W: M___/___ T___/___ W___/___ TH___/___ F___/___ W: M___/___ T___/___ W___/___ TH___/___ F___/___

S: M___/___ T___/___ W___/___ TH___/___ F___/___ S: M___/___ T___/___ W___/___ TH___/___ F___/___

Does your student live with another parent/guardian part of the time? Yes No

Which days with Household 1? M T W TH F With Household 2? M T W TH F

Household 2 Parent/Guardian #1

Parent/Guardian #2

Name #1

Name #2

Employer _____

Employer _____

Work and/or School Schedule Start/End Time (M 2:30/5:45)

W: M___/___ T___/___ W___/___ TH___/___ F___/___ W: M___/___ T___/___ W___/___ TH___/___ F___/___

S: M___/___ T___/___ W___/___ TH___/___ F___/___ S: M___/___ T___/___ W___/___ TH___/___ F___/___

Why is enrollment in the Mentoring program important for your student?

___ Work/School Schedule (Parent/Guardian) ___ Academic Support ___ Socialization
___ Learning new skills, goal setting, and self-confidence ___ Non-family member/near peer age role model
Other/Details: _____

Are you requesting mentoring time on weekends? Yes No

Days of requested attendance (please circle) Monday Tuesday Wednesday Thursday Friday Saturday Sunday

All information gathered is used to pair the student with the most suitable and available mentor. Mentoring dates and times will be arranged privately between the Parent(s)/Guardian(s) and the individual mentor assigned to the student. Mentoring can occur in the home, or on field trips in groups with other students and/or mentors.

Transportation is provided by the Mentoring Program with the following releases:

I give my permission for my student, _____, to participate in Mentoring field trips and activities outside the school building and regularly scheduled school hours. It is my understanding that these trips are under the supervision of the Mentoring Program staff.

I, _____ parent/guardian of _____ authorize and consent to medical, surgical, hospital care, treatment and procedures to be deemed immediately necessary or advisable by the physician to safeguard my student's health if I cannot be contacted. I waive my rights of informed consent to such treatment. I also authorize a copy of this consent form to be treated with the same authority as the original.

Signature of Parent/Guardian Date: _____



Parent/Guardian Contact Information:

Phone Number: _____ Is this a cellphone? Yes No

Email: _____

Emergency Contact Information: We will not release your student to anyone else without your permission. Photo ID is required to pick up your student.

Name: _____ Relation to student: _____

Phone Number: _____ Is this a cellphone? Yes No

Release and Waiver of Liability

The Blue Lake Rancheria (BLR) contracts with a number of community organizations and agencies associated with the Consortium for Tribal Innovation and Entrepreneurship including the Humboldt County Office of Education, Eureka City Schools, Northern Humboldt Union High School District and others. The following Release and Waiver of Liability applies to BLR and all contracting organizations/agencies providing services through this program.

In consideration for permitting my child to participate in the Mentoring Program, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have or which may accrue as a result of my child’s participation in said activities. I understand that the above activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above activity; and that participants in the above activity occasionally sustain mortal or personal injuries and/or property damage as a consequence thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to let my child participate in said activity and I hereby agree to assume and all risks of injury or death and to release and hold harmless BLR and all other contracting organizations and agencies (its officers, employees, volunteers and agents) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that my child may sustain while participating in said activity. I have carefully read the Mentoring Program guidelines, this registration form, and the Release and Waiver of Liability, and fully understand their contents. I am aware that this is a release of liability and a contract between me and BLR and I sign of my own free will. I give my child permission to participate in the Mentoring Program during the 20__-20__ school year.

I understand that if I cancel three mentoring appointments, my student may be dropped from the Mentoring Program.

I understand that if my student does not adhere to the Mentoring Program guidelines that my student may be dropped from the program.

_____ **Date:** _____
Signature of Parent/Guardian



Office Use Only:

Date Received:

- Priority Categories** (circle all that apply):
- Student Living in Poverty
 - BIPOC
 - Native American
 - Military or veteran-connected
 - English Language Learner
 - Section 504 / IEP
 - Justice Involved Youth
 - Pregnant, parenting or caregiving
 - Homeless
 - Foster care

Initial **Mentor** **Recommendation:** _____ **Interview** **Scheduled:**

Alternate Mentor: _____

Mentor Assigned: _____ **Is mentor’s assessment attached?** Yes No

Hours Authorized: _____ **Is agreed mentoring schedule attached?** Yes No

Photo Use Release Form

I, _____, hereby grant and authorized C-TIE (Consortium for Tribal Innovation and Entrepreneurship administered by the Blue Lake Rancheria) the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of my student, _____, to be used in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

I understand and agree that these materials shall become the property of C-TIE and will not be returned.

I hereby hold harmless, and release C-TIE from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

Signature of Parent/Guardian

Date: _____



Check this box if you do NOT want your student's image used

****LEA or DHHS ROI for FERPA & HIPAA wording to be inserted below****