

E. EARL JENKINS MINISTRIES

***SERVANTS ENDEAVORING TO EMPOWER AND DEVELOP
S.E.E.D
MALE MENTORING PROGRAM***

APPLICATION PACKAGE

Dear Parents and Participants:

Attached is an application for the Servants Endeavoring to Empower and Develop (S.E.E.D) Male Mentoring Program. Since we have a limited number of spaces in our program, we urge you to read and complete the application as soon as possible. It is your responsibility to ensure that we receive a completed application package. Completed applications should include:

- 1. Registration Form*
- 2. Emergency Information Form*
- 3. Medical Information Form*
- 4. Activity and Trip Permission Slip*
- 5. Photograph / Videotape / Interview Permission Slip*

Any application that does not contain all these materials will not be processed.

*Please **PRINT NEATLY IN INK OR TYPE** all information requested and sign your name where required.*

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REGISTRATION FORM

NAME: _____ **DATE:** _____
(Last) (First)

ADDRESS: _____ **PHONE #** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

AGE: _____ **E-MAIL ADDRESS:** _____

GRADE: _____ **SCHOOL ATTENDING:** _____

PARENT INFORMATION

Parent/Guardian Name: _____
(Last) (First)

Employer: _____ **Address:** _____

Occupation: _____

Business Telephone Number: _____ **Cell Phone:** _____

Emergency Contact Person: _____ **Phone No.** _____

Household Size: _____

Income Bracket: _____ **Under \$25,000** _____ **\$25,000 – \$50,000**
_____ **\$50,000 – \$ 75,000** _____ **\$75,000 – \$100,000** _____ **over \$100,000**

(Parent/Guardian Signature)

(Date)

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Emergency Information Form

Student's Name: _____

Social Security Numbers: _____

Date of Birth: _____

Parent/Guardian's Name(s): _____

Address: _____

Home Phone Number: _____

Work Phone Number: _____

1st Emergency Contact Person : _____

Phone Number: _____

2nd Emergency Contact Person: _____

Phone Number: _____

Parent Signature

Date

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Medical Information Form

Participants Name: _____ has/is subject
to:

1. _____ Asthma
2. _____ Diabetes
3. _____ Fainting Spells
4. _____ High/Low Blood Pressure
5. _____ Contact Lenses/Glasses
6. _____ Hearing Problems
7. _____ Allergy or reaction to any medications, foods, plants, etc.

Explain: _____

8. _____ Any other condition(s) that may require emergency or special care, medication or knowledge

Explain: _____

Is participant restricted from participating in:

Hiking/Camping _____ Competitive Sports _____

Water Sports _____ Other _____

To the best of my knowledge, the information given above is correct and complete. I know of no reason to restrict the participant's activity and I give my permission for participation in all activities except those I have specifically stated. In the event that I cannot be reached in an emergency, I give my permission to physician, selected by the program director, to hospitalize and/or secure proper treatment for my child as named above.

(Parent/Guardian Signature)

(Date)

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***Activity and Trip Permission Slip
Permission to Attend and Participate in Activities and Trips, Release of Liability,
and Authorization for Emergency Medical Treatment***

As either parent or legal guardian of _____
(Participant's Name)

(Hereinafter, Minor) permission is granted for participant to attend and participate in all activities and field trips under the guidance and direction of the S.E.E.D Male Mentoring Program volunteers.

I hereby release E. Earl Jenkins Ministries and the S.E.E.D Male Mentoring Program, its officials and those involved as representatives of S.E.E.D Male Mentoring Program from any liability either arising from or incidental to Minor's attendance and participation.

Should circumstances arise, that in the opinion of the S.E.E.D Male Mentoring Representative(s), require Emergency Medical Treatment for the minor, authority is granted for such treatment to be rendered to the extent necessary and until such time as either I or my designated representative shall direct, in person. All cost, expenses, and fees both designated extraordinary, shall be borne by me, and from which I pledge to hold harmless E.E. Jenkins Ministries, S.E.E.D Male Mentoring Program, its officials, and those involved as representatives of the S.E.E.D Male Mentoring Program.

(Date)

(Signature of Parent/Guardian)

(Print Name of Parent/Guardian)

(Home Phone Number)

(Street Address)

(Cell Phone Number)

(City, State & Zip)

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Dear S.E.E.D Male Mentoring Program Parent/Guardian:

E. Earl Jenkins Ministries and the S.E.E.D. Male Mentoring Program participants maybe videotaped, photographed, interviewed or their work/ photo may appear in the program's website. Therefore, all parents/guardians must sign the required permission slip below to allow your child to participate in various recorded activities.

Thank you for your support.

Permission is given for my child _____, to be videotaped, photographed and/or interviewed for publicity for the S.E.E.D Male Mentoring Program.

(Parent/Guardian Signature)

(Date)