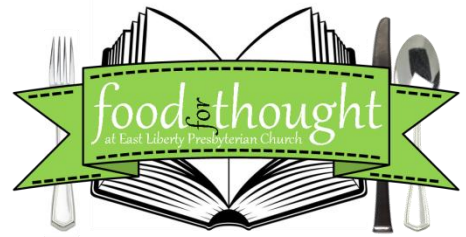


Youth Application

Applications are due Tuesday, March 11th. Our goal is to include as many 4th-8th grade youth in the spring *Food for Thought* program as possible. We are limited to the number of participating trained adult mentors. Families and youth will be notified concerning their participation by Friday, March 14th. Information on this application may be shared with your child's mentor as appropriate but will not be shared more broadly.



Youth's Name	Date of Birth	Gender
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Grade	School
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Mailing Address	Zip
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Primary Phone #	Primary Email
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Parent/Guardian Information

Guardian One (first person to be contacted)	Email
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Address (if different from youth's)	Zip
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Cell	Work	Home
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Guardian Two	Email
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Address (if different from youth's)	Zip
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Cell	Work	Home
------	------	------

Emergency Contact (non-household member)
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Cell	Work	Home
------	------	------

_____ & _____

List anyone else who has permission to pick up your child from East Liberty Presbyterian Church?

☐ My youth has permission to walk and or take the bus home.

Application Questions

To be completed by parents/guardians and youth. Please answer all of the following questions as completely as possible.

1. Why do you/does your child want to participate in Food for Thought mentoring? What hopes do you have for your participation in the program?

2. Is your child available to meet Tuesdays from April 1 – May 20 from 4:30 to 6:30? Please explain any particular scheduling issues.

3. Describe your child's school performance, including grades, homework, attendance, behavior, etc.

4. Is your child currently dealing with any traumatic events (i.e. death in the family, abuse, divorce)?

5. Can you provide any additional background information that may be helpful in matching your son/daughter with an appropriate mentor?

6. We want to serve meals that youth enjoy and that stretch them to try new things. Help us plan future meals by telling us what your child likes to eat.

7. Please tell if your youth has any food allergies and/or diet restrictions.

8. Does your child have any special needs that we should be aware of?

9. Additional comments:

Expectations and Permissions

These expectations will be discussed the first day of *Food for Thought*. If you have any questions or concerns about any of these expectations please contact the *Food for Thought* program staff, Sara Hackett and Wil Forrest.

- 1) I will be here each Tuesday from April 1 to May 20 from 4:30-6:30pm or I will notify Sara Hackett that I cannot attend or expect to be late.
Sara Hackett cell: 412-673-2926 church: 412-441-3800 email: SaraH@coh.net
- 2) I will actively participate in building a trusting relationship with my mentor and in program activities.
- 3) I will not use any electronic devices during *Food for Thought*. Program staff will be happy to hold on to any phones or mp3 players that have difficulty staying in pockets or backpacks.
- 4) I will tell my family about what is happening at *Food for Thought*.
- 5) I will be honest about what I like and don't like and how I am feeling with my mentor, program staff and family. If my mentor or the program makes me uncomfortable in any way I will tell a trusted adult immediately.
- 6) Mentors and mentees are not encouraged to communicate outside of *Food for Thought*. Any communication outside of Tuesday evenings must go through program staff.
- 7) I know that the things I tell my mentor are between us. **Unless** my mentor is worried about my health or safety in which case my mentor will talk with the program staff. Program staff will coordinate with me and my family as appropriate. Mentors waive their confidentiality. Mentees are permitted and encouraged to share conversations with family and program staff.
- 8) I realize I am participating in a new program and I promise to give feedback at the end of the year to help make *Food for Thought* a better program next year.

I have read and agree to the above expectations.

Youth

Parent or Guardian

PHOTO RELEASE: Photos will be taken and used in the promotion of Food for Thought. I give permission to East Liberty Presbyterian Church to use photos of student mentioned on this form and to put the finished photos to any legitimate use without limitations or reservation.

Signature of parent or guardian: _____

MEDICAL CARE: If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for Food for Thought and East Liberty Presbyterian Church to take appropriate action for the safety and welfare of my child.

Signature of parent or guardian: _____

The following demographic information will help us apply for future grants and will not be shared with mentors.

How do you (the student) identify yourself? Check one.

- | | |
|---|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Hispanic/Latino/White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic/Latino/Black |
| <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Hispanic/Latino/Declined |
| <input type="checkbox"/> Multiracial | <input type="checkbox"/> Native American/Pacific Islander |
| <input type="checkbox"/> Unavailable/Unknown | <input type="checkbox"/> Declined |

My family is eligible for the School Lunch Program. Check one.

- ☐ Yes ☐ No ☐ Don't know