

Alpha Phi Alpha Fraternity, Inc.,  
Gamma Zeta Lambda Chapter

**Men of Tomorrow Mentee Application**

(To Be Completed by the Parent/Guardian/Legal Care-Giver)

**Personal Information**

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Youth: Mother \_\_\_ Father \_\_\_ Other: (specify) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Youth Email: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Ethnicity: White: \_\_\_ Hispanic: \_\_\_ African American: \_\_\_ Asian: \_\_\_ Other: \_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

GPA (If Known) Unweighted \_\_\_\_\_ Weighted \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list all members of your household:

Name	Gender	Age	Relationship to Applicant

**Medical History**

Name of Primary Care Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Does your son have any physical problems or limitations? \_\_\_\_\_

Is your son currently receiving treatment for any medical issues? \_\_\_\_\_

Is he currently on any type of medication? Is so, please specify. \_\_\_\_\_

Does your son have any known allergies or adverse reactions to medications? If yes, please describe them:

\_\_\_\_\_

Does your son have any emotional issues or problems right now? \_\_\_\_\_

Is your son currently seeing a counselor or therapist? Yes \_\_\_\_\_ No \_\_\_\_\_

Therapist's Name: \_\_\_\_\_

**Please read this carefully before signing**

Alpha Phi Alpha Fraternity, Inc., Gamma Zeta Lambda Chapter appreciates you and your child's interest in his becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their son to participate in the Alpha Phi Alpha Fraternity, Inc., Gamma Zeta Lambda Chapter Go-To-High-School, Go-To-College Mentoring Program.

**Please initial each of the following:**

\_\_\_\_\_ I give my informed consent and permission for my child to participate in the Alpha Phi Alpha Fraternity, Inc., Gamma Zeta Lambda Chapter, Go-To-High-School, Go-To-College Mentoring Program and its related activities.

\_\_\_\_\_ I agree to have my child follow all Go-To-High-School, Go-To-College Mentoring Program guidelines and understand that any violation on my child's part may result in suspension and/or termination of the mentoring relationship.

\_\_\_\_\_ I hereby acknowledge that my child will be transported by Alpha Phi Alpha Fraternity, Inc., Gamma Zeta Lambda Chapter, staff or representatives while participating in the Alpha Phi Alpha Fraternity, Inc., Gamma Zeta Lambda Chapter, Go-To-High-School, Go-To-College Mentoring Program, and that such transportation is voluntary and at his own risk.

\_\_\_\_\_ I release the Alpha Phi Alpha Fraternity, Inc., Gamma Zeta Lambda Chapter, of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his participation in the program, including but not limited to transportation, and hold harmless any Alpha Phi Alpha Fraternity, Inc., Gamma Zeta Lambda Chapter, mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

\_\_\_\_\_ I agree to allow Alpha Phi Alpha Fraternity, Inc., Gamma Zeta Lambda Chapter, to use any photographic image of my child taken while participating in the Go-To-High-School, Go-To-College Mentoring Program. These images may be used in promotions or other related marketing materials.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please print, sign, and return or mail this application and the items listed above to:

Alpha Phi Alpha Fraternity, Inc., Gamma Zeta Lambda Chapter  
Men of Tomorrow Mentoring Program  
Post Office Box 82102, Tampa, FL 33612