

ESTATE BOVONI – TUTU HI-RISE WEED AND SEED

GROVE PLACE WEED AND SEED

Tel# 340-776-1525 STT

340-201-9097 STX



YOUTH MENTOR APPLICATION

DRUG EDUCATION FOR YOUTH

Coordinator Use Only

Date Received: _____

Application #: _____

Please type or print legibly – To be completed by Parent or Guardian

Mentor's Name: _____ Age _____ DOB: ___/___/___

Mentor's Address: _____

Mentor's Email Address: _____

Name of Mentor's School: _____

Last Grade attended _____ Promoted _____ Retained _____

Father's Name: _____

Father's Address: _____

Work Phone: () _____ Home Phone: () _____

Email Address: _____

Mother's Name: _____

Mother's Address: _____

Mother's Work Phone: () _____ Home Phone: () _____

Email Address: _____

Legal Guardian's Name: _____

Legal Guardian's Address: _____

Guardians Work Phone: () _____ Home Phone: () _____

Email Address: _____

Previous DEFY Attendance Yes _____ No _____ Where _____

By my signature, I agree to make the youth applicant available for the Phase I Summer Leadership Camp and the Phase II School - Year Mentoring Component. I also agree to participate in any and all program measures of effectiveness studies, surveys, and questionnaires to further improve the quality of the Program.

Signature _____

Date _____