



SHINE Boys and Girls Center

1100 S. 13th Avenue, Yuma AZ 85364 | (928) 318-5800 | www.TheSHINEProgram.org

MENTOR LEDERSHIP PROGRAM High School Students

Thursdays
6:30 PM – 8:30 PM

All interested applicants must provide a signed permission slip for consideration. This document does not guarantee your child membership to the Program. Students must submit application and 1 page personal essay to be considered. The SHINE Program will not provide transportation service, therefore we ask students be picked up promptly at 8:30 PM.

If you have any questions, please call Luz Acosta at (928) 318-5801 or email LuzA@hacy.org.

RELEASE FORM

Student's Name: _____ Student's Grade: _____ Date of Birth: _____ Age: _____

School: _____ Adult Shirt Size (circle one): S M L XL 2XL Other: _____

Student's Address: _____

Parent or Guardian Name: _____ Phone #: _____

Emergency Contact Name: _____ Phone #: _____

Please indicate whether your child will be: (picked-up) _____ or (walk home) _____.

I, the undersigned, hereby release The SHINE Program, its sponsors, and all associated personnel (managers, assistants, coaches, volunteers, etc.) of any liability that my child might incur while participating in The SHINE Program. It is further understood that my child will respect and follow program rules and codes of conduct. The SHINE Program, its sponsors, and all associate personnel reserve the right to photograph facilities, activities, and program participants for potential future use. All photos will remain the property of The SHINE Program and may be used for publicity.

Additionally, I understand that my child will participate in an Arizona Western College (AWC) accredited course and my child must comply with their respective policies, code of ethics, rules, and regulations. As an extended AWC site, the SHINE Boys and Girls Center reserve the right to suspend or terminate my child's participation in the accredited course and all other activities associated with it.

Parent or Guardian Signature: _____ Date: _____

APPLICATION

Name: _____ School: _____ Grade: _____ Age: _____

Preferred form of contact. *If you choose Cell can we send you text messages for reminders, updates, etc.?* Y N

Phone Number: _____ Cell: _____ Email: _____

Are you involved in any of the following:

- Sports What sport/s?: _____ School Traveling Team Community Other: _____
 Clubs What club/s?: _____ School Traveling Team Community Other: _____
 AVID JSA StuCo FLBA FFA Boys & Girls Club Boy / Girl Scouts Art / Theater
 Culinary Arts Other: _____

Are you employed? Y N

Do you need community service hours? Y N

For: School Club Probation College/University Other: _____

Are you currently enrolled at AWC? Y N

REQUIRED

*Please email a **1** page personal essay to Luz Acosta at LuzA@hacy.org.*

Applications without an essay will not be considered.

*Please answer at least **3** of the following questions in your essay:*

- What are your strengths and weaknesses?
- Who or what motivates you?
- Do you believe leaders are born or made?
- Do you consider yourself a leader? Why or why not?
- How would you describe yourself?
- What do you want people to know about you?
- Has your character helped or hurt your success?
- Would you change anything about yourself?
- Why do you want to be a mentor?

.....

I understand this is an application and does not guarantee enrollment to The SHINE Mentor Program. Furthermore, I understand that the Program reserves the right to suspend or terminate my participation in the accredited course and all other activities associated with it.

Student's Signature: _____

Date: _____