



INFINITY LOVE PARTICIPANT APPLICATION

APPLICANT INFORMATION

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Date of Birth:	Grade:	Grade Point Avg:
Race/Ethnicity:	Email:	

SCHOOL INFORMATION

School Name:		
School Address:		How long? (if less than 1 yr. include previous school info in back)
City:	State:	ZIP Code:
Guidance Counselor:		

PARENT/GUARDIAN INFORMATION

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:	Email:	

APPLICATION FEE

Application fees are used in order to defray the administrative cost of operating and administering the mentoring program. Are you willing to pay a \$25 one time non-refundable administrative fee to help offset cost? Yes No

If no, please give your reason: _____

EMERGENCY INFORMATION

Doctor's Name:		Phone:
Address:		
City:	State:	ZIP Code:
Medical Conditions/Allergies::		

GENERAL QUESTIONS

Rap Sessions are held in two locations, which will you attend?
 Suffolk County Queens

Are you currently involved in Extra Curricular Activities or have a Part-time job? Yes No
 If yes, what activities are you involved in and will your schedule conflict with Saturday Rap Sessions, field Trips and Community Service?

What are your future goals?

What special talents do you think you can bring to "Infinity Love"?

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What do you think you will or can gain from participating in "Infinity Love"?

Who lives with you? Check the box beside each person who lives with you.

- Mother
- Father
- Step-parent
- Grandparent
- Other relative
- People not related to you

Do you have an adult friend or relative you trust?

- Yes
- No

Who is that person? There may be more than one.

- Parent
- Other relative
- Teacher
- Other- Who?

Do you have an adult friend or relative who can provide you information about jobs or careers?

- Yes, Who is that person (There may be more than one)
- No

Do you have an adult friend or relative who can provide you information about how to achieve your educational goals?

- Yes, Who is that person? (There may be more than one)
- No

How much education do your parents have?

Mother

- High School Graduate
- Less than High School
- Some College or Technical School
- College Degree

Father

- High School Graduate
- Less than High School
- Some College or Technical School
- College Degree

How much education do you want to have?

- I don't know
- I want to graduate from high school
- I want to graduate from college
- I want to graduate from technical school

What type of job/career do you want to have when you get out of school?

How comfortable do you feel expressing yourself in writing?

- very comfortable
- Somewhat comfortable
- Not very comfortable
- Not comfortable at all

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APPLICATION CHECKLIST

- Copy of most recent REPORT CARD
 - \$25 REGISTRATION FEE
- (check of Money Order Payable to Infinity Love)

PARENTAL ACKNOWLEDGEMENT

Your daughter has submitted an application to participate in a program in which volunteers will serve as mentors. A mentor is a caring, adult volunteer who is willing to spend time helping students succeed in school and in life. Be aware that if your daughter participates in Infinity Love, certain topics will be discussed, including but not limited to: Dating, Alcohol & Drug Abuse and Sexual Abstinence and that if you have problems with your daughter participating, you will let us know.

Please understand that if she becomes part of the program, it is mandatory for her to participate in all educational and recreational portions of the program, unless a family emergency comes up that is beyond your control. It is also mandatory for your daughter to share her report card with the mentor each grading period in order to encourage improvement in her grades and to set educational goals.

By signing below you agree to the terms set forth above and you grant permission to Infinity Love to use any photographs, video recordings, and/or any other recordings that occur during the program for legitimate purposes.

SIGNATURES

Print Name of applicant:	
Signature of applicant:	Date:
Print Name Of Parent/guardian:	
Signature of Parent/guardian:	Date:

Please return your signed application at one of the Rap Sessions or by email/mail to:

**Infinity Love
P.O. Box 922
Central Islip, NY 11722
(347) 753-8577
info@infinitylove.org
www.infinitylove.org**