Girls Today Women Tomorrow
Leadership Mentoring Program
Girls Ages 12-21
Participant Application

Participant Information

First Name: _____________________ Last Name:_____________________ MI: ___ Nickname:___________
Address:__________________________________________________________City:____________
Zip Code:___________ Home Phone: (____)________________ Cell Phone: (____)__________________
Birth Place/City: __________________   Birth Date: ____/_____/____   Age: _______

Ethnicity/Race (Check all that Apply):
(  ) Hispanic/Latino                 (  ) Multiracial (  ) African American (  ) Other: _______________  
(  ) Filipino                              (  ) White (  ) Asian/ Asian American

How did you hear about Girls Today Women Tomorrow?
(  ) Presentation at my school (  ) Relative (  ) Teacher (  ) Recommended/referred by:
(  ) Friend (  ) Flyer (  ) Other _________________________________

School Information

Are you currently attending school? If yes, what kind? (  ) No (  ) Yes (  ) Elementary (  ) Middle (  ) High
Grade Level: ____  Name of School___________________________________
High School Graduate: (  ) Yes (  ) No                   GED: (  ) Yes (  ) No

Family Information

Family Household Size: (  ) 1 (  ) 2 (  ) 3 (  ) 4 (  ) 5 (  ) 6 (  ) 7 (  ) 8   Other: _______________________
Family Type: (  ) Two Parent Household (  ) Single Parent Household (  ) Foster Family (  ) Other: ______________
Health Insurance Coverage: (  ) Family has health insurance (  ) Family does not have health insurance
(  ) Only children have health insurance

Employment:

Are you currently employed: (  ) Yes (  ) No
If you are currently employed, please provide the following:
Employer: ___________________________ Address: ___________________________ Telephone #: ______________
Schedule: ________________________________
About Me

*This section is intended for us to get to know you and better address your needs and interests. Fill out with as much information as possible. You can draw a picture if you are lost for words. If you need more space, continue on back.

Are you currently involved in any extracurricular activities? (Sports, Clubs, Organizations etc.)

What are your hobbies? (Hiking, reading, Boxing, etc.)

What are your major strengths? What are your major weaknesses?

What are your goals for the next 2 years?

What do you plan to do after high school? What career do you want to pursue?

What would you like to get from Girls Today Women Tomorrow?

What are your goals for the next two years?
Below are some of the regular activities GTWT provides for participants. Please select the ones that interest you.

( ) Hikes                        ( ) Health Awareness                        ( ) Gardening Class
( ) 1-1 Mentoring                ( ) College Campus Tours                ( ) Healthy Cooking Class
( ) Fashion Show Fundraiser     ( ) Community Service Events            ( ) Leadership Retreats

List other activities you would like to participate in and see in the program:
Girls Today Women Tomorrow  
Leadership Mentoring Program  
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Emergency Release Form  

To the parent or guardian of ________________________________  
In the event of an accident or an illness, Girls Today Women Tomorrow must have permission to perform first aid on minor injuries and to seek treatment for major illnesses and injuries. Please fill out this form and list any allergies, physical limitations, or medical conditions your child may have. 

Medical Information:  

Does your daughter have any allergies?: ( ) Yes ( ) No  
Does your daughter have any medical conditions that may limit or restrict her physical activity that should be known about in an emergency?: ( ) Yes ( ) No  
If YES, please describe: ____________________________________________________________  

__________________________________________________________  

__________________________________________________________  

Parent Permission for Emergency Treatment:  
I hereby authorize and request emergency medical treatment to be performed in case of an accident or emergency.  

_______________________  __________________________  ___________________  
Parent/Guardian Name  Parent/Guardian Signature  Date  

Parent Permission to Participate: I am aware that GTWT events require physical activity. I hereby grant my daughter permission to participate in ALL activities unless stated above. I further indemnify and hold harmless GTWT Staff and its mentors in an event of injury, loss, damage, or cost incurred to any activity. It is always the participants choice as to what level they choose to participate within the program.  

_______________________  ______________________________  ___________________  
Print Parent/Guardian Name  Signature  Date  

In case of Emergency:  

Name: ___________________ Relationship: ______________ Phone Number: ___________________  

Name: ___________________ Relationship: ______________ Phone Number: ___________________  

Name: ___________________ Relationship: ______________ Phone Number: ___________________
Photo Release Form

In connection with my participation of any print, audio, video, or filmed program material produced by Girls Today Women Tomorrow I hereby grant, assign, and convey to Girls Today Women Tomorrow all rights, titles, and interests I may have in and to the specified program material and any reproduction made there from.

I also irrecoverably author Girls Today Women Tomorrow, free of charge and without limitation to broadcast, distribute, publish and/or exhibit the specified program material and any reproduction made there from or any portion thereof.

________________________
Participant Name

________________________
Signature

___________
Date

If Participant is 17 years or younger:

________________________
Parent/Guardian Name

________________________
Parent/Guardian Signature

___________
Date

Office Use Only

*Not to be filled out by participant, only GTWT staff

Today’s Date:_________  Date Enrolled:___________  Mentor:____________________

Intake Staff Name:____________________  Signature:__________________________

Notes:

________________________________________________________________________
________________________________________________________________________
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