



Future Leaders Youth Application Guidelines

1. Applicants must be between the ages of 8-13 and reside or attend school within the boundaries of Maine Township to qualify for participation in this program.
2. This free peer mentoring program is designed for youth who could benefit from having additional positive role models in their lives. **The goal of this program is to help participants increase their self-esteem, social skills, and fitness.** Carefully-screened high school mentors between the ages of 15-18 and selected youth meet in a relaxed yet structured group setting twice each month.
3. All information on the following application must be true and accurate. Anyone providing false information on their application will be automatically disqualified from participation in this program. All application information will be kept confidential and will be used only to determine eligibility for this program.
4. All applications will be individually reviewed. Maine Township reserves the right to approve or deny admission into this program and is under no obligation to disclose reasons for non-acceptance. Participants may be removed from the program at any time for failure to meet expectations or for any inappropriate behavior.
5. Completed applications should be returned to Anne Camarano in person, via email (acamarano@mainetown.com), fax (847-297-5914), or by mail to the address below.

Parents,
please keep this
Application
Guidelines page
for your
records.



MaineStay YOUTH & FAMILY SERVICES

Future Leaders Youth Application

YOUTH INFORMATION			
Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Age:
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino Other: _____			
Grade:	School:	Free/Reduced Lunch: <input type="checkbox"/> Yes <input type="checkbox"/> No	
T-Shirt Size: <i>Youth</i> <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <i>Adult</i> <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL			
PARENT/GUARDIAN INFORMATION			
Name:		Relationship to Child:	
Living Situation: <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Other Relative			
Home Address:			
Apt/Unit:	City:	State:	Zip:
Cell Phone:	Home Phone:	Work Phone:	
Email Address:			
ALTERNATE EMERGENCY CONTACT INFORMATION			
Name:		Relationship to Child:	
Address:			
Apt/Unit:	City:	State:	Zip:
Cell Phone:	Home Phone:	Work Phone:	
PICKUP INFORMATION			
The following people are allowed to pick up my child:			
Name:	Relationship to Child:	Phone:	
Name:	Relationship to Child:	Phone:	
Name:	Relationship to Child:	Phone:	

FOR OFFICE USE ONLY

Date Application Received: _____

Status: _____

PROGRAM NEEDS	
Does your child have any known allergies (food, peanut, medication, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please list:</i>	
Does your child take any medication (prescription or over-the-counter)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please list:</i>	
Does your child have any medical or physical health concerns (asthma, diabetes, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please list:</i>	
Does your child have any mental health concerns or a mental health diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please list:</i>	
Does your child have any special needs that we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please explain:</i>	
GENERAL QUESTIONS	
How would you describe your child (strengths, interests, etc.)?	
Why would you like your child to participate in this program?	
How does your child feel about participating in this program?	

I declare that to the best of my knowledge and belief the information supplied in this application is true and correct and I agree to abide by program guidelines.

APPLICANT'S SIGNATURE

DATE

PARENT/LEGAL GUARDIAN'S SIGNATURE

DATE



MaineStay
YOUTH & FAMILY SERVICES

Future Leaders Youth Permission Form

I, _____, am the parent and/or legal guardian of _____,
PARENT/LEGAL GUARDIAN'S NAME CHILD'S NAME

a minor, and I agree to permit him/her to attend and participate in the Future Leaders peer mentoring program held at the Des Plaines Park District Leisure Center, 2222 Birch Street, Des Plaines. I understand that certain risks and dangers may exist in my child's attendance, and participation in this program is conditioned upon my agreement to release any claims of liability, including, but not limited to, any claims for property loss or personal injury to my child/ward. Therefore, in exchange for the opportunity of my child/ward to attend and participate in this program, I hereby voluntarily release Maine Township, its board, officers, staff, employees and volunteers from all claims which I or my child/ward may have for liability or legal responsibility for any damage or loss of any kind, including, without limitation, claims for personal injury, property damage or loss, and economic loss occurring during or resulting from my child's attendance and/or participation and/or travel to or from program destinations which is caused by negligence, breach of contract, strict liability, or otherwise.

I authorize my child/ward to receive medical treatment by a qualified and licensed doctor in the event of a medical emergency.

I hereby grant permission to Maine Township to utilize photographs taken of my child/ward during the course of his/her participation in the Future Leaders peer mentoring program for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium.

I have read this agreement carefully, understand its contents, and sign it voluntarily.

PARENT/LEGAL GUARDIAN'S SIGNATURE

DATE