



Teen Mentoring Application

P.O. Box 1844, Kea'au ~ HI 96749 | (808) 987-6018 available 24/7 while on tour.
www.TeensMakingaDifference.org

ALL ABOUT YOU!

Teens Name: _____ AGE: _____ DOB: _____
Teens Nickname: _____ T-Shirt Size: _____
Teens Email: _____ Cell Phone: _____
Full Home Address: _____ CITY: _____
State: _____ ZIP: _____
Your Local Newspaper website/contact information: _____

YOUR HEALTH NEEDS:

List any allergies to FOOD: _____
List any allergies to medicine (prescription or over the counter) _____
List any other allergies: _____
Do you require daily medication? If yes, what/when: _____
You will need to provide a medication refill in case of emergency/lost/ etc. Please bring a full prescription with you.
Reason for medication: _____
Do you have asthma? Y / N Do you have an inhaler?: Y / N
Last Tetanus shot: _____ Last Physical: _____ Last TB Test: _____
If your child does not participate in vaccinations, please check here: _____
Please note: we need this information to provide the emergency staff just in case.

MORE ABOUT YOUR NEEDS:

Special Diet Requirements: _____
Please note, we do not accommodate GLUTEN FREE due to the lack of availability in Hawaii.
Are you a vegetarian: Y / N Vegan: Y / N. Kosher: Y / N
List foods you prefer not to eat or don't like: _____
List foods you commonly eat/your favorites: _____
Do you have any physical impairments that would prohibit you from Swimming, Hiking, Boating, Snorkeling, Walking for long periods of time, playing field type sports or OTHER: _____
(this is a very active camp and we can accommodate restrictions if we know about them ahead of time)

OKAY... YOUR TURN:

Anything you would like us to know about you? Remember we are spending a long period of time together and we will be living in a family environment, so share your passions here:

Please describe your typical weekends: _____
Show your Personality: Shy, Funny, Outgoing, Etc: _____
Have you been on a teen tour before? _____ Where? _____ How Long? _____
What are you most excited about this tour?

Name three things you hope to learn/experience from this program:

_____/_____/_____

What are you most nervous about this tour?

How did you hear of us? _____

Are you joining with a friend or sibling? _____ Name: _____

ABOUT YOUR FAMILY:

Father's (Guardian) Name: _____ **CELL:** _____

Physical Address if different from yours:

Place of Employment: _____ Work Phone: _____

Will your father be out of the country while you are on this tour? Y / N

Father's EMAIL: _____

Mother's (Guardian) Name: _____ **CELL:** _____

Mothers physical address if different from yours:

Place of Employment: _____ Work Phone: _____

Will your mother be out of the country while you are on this tour? Y / N

Mothers EMAIL: _____

SIBLINGS:

No. Of Sisters: _____ Ages: _____

No. Of Brothers: _____ Ages: _____

AREA FOR PARENTS TO ADD:

Do you have any concerns, information you would like us to know or be aware about?

We will be caring for your children and want this program to be comfortable for them to be themselves. Your child's wellbeing and safety is our number one concern. They will be introduced to so many new things during this tour and they will leave with a new sense of self. We want their journey to be amazing....

Please complete this application and mail it to use along with the following:

- ___ At least one letter of recommendation from a teacher or school official
- ___ At least one letter of recommendation from a community service or volunteer program that involved working with children.
- ___ Your short essay (one page) on WHY you choose to attend this service project summer program. Please do not paraphrase our website. I want to know what is important to you... not what I already know about my program.
- ___ Name of Current School/along with your grades/GPA
- ___ University you are applying to or your goals
- ___ 2 photos/head shots can be school photo or passport style
- ___ Copy of your Drivers License if you have one/or school ID/State ID
- ___ Copy of your insurance card for medical and dental (please also carry your card with you)
- ___ Copy of medical release (form located on site)
- ___ Copy of the Liability Release Form (located on site)
- ___ Your application fee of \$186.00 (tuition is due by June 1st) Tax Deductible Tuition is payable to Project Hawai'i, Inc. P.O. Box 1844, Kea'au, HI 96749-1844

Please Note: This application is a legal and binding contract. By enrolling in this program you have assumed the role to participate as a teen mentor and participate in the cultural and adventure activities fully. You understand this is a service learning program and the experiences are designed to complement the overall success of the program. By accepting this responsibility, if you choose not to participate in a project/program/lesson, we are not liable to refund any tuition paid. This is a tax deductible program and therefore no refunds are permitted.

We do suggest that you purchase travel insurance in case of emergency. We reserve the right to dismiss your child at any time due to behavior or other infractions. The wellbeing of all teens and participants is our number one responsibility.

By signing this contract/application I am ready and willing to participate and perform the tasks to complete this program. I understand I will have the rights to obtain the presidents award, I will receive completion certificates for workshops and the teen mentoring program.

Teens Signature: _____ Date: _____

By signing this contract/application as the above teens legal parent and/or guardian, I fully accept the rules and regulations set forth by this organization and allow my teen to participate in activities set forth for the successful program. I understand the program rules, regulations and no refund policy. I have signed the release of liability form, the emergency care release form, and authorize the staff to sign on my behalf as legal guardian as needed to attend tours/activities/medical services.

Mothers Signature: _____ Date: _____

Fathers Signature: _____ Date: _____