



SHAWNA'S HOUSE TEEN CHAT ROOM

Application for Teens ages 13 to 18

(group sessions & one on one mentoring)

Date: _____

This application must be completed by the parent or guardian of the perspective teen participant. The purpose of this application is to help Shawna's House Inc. know more about the teen and his or her interests. In turn, the information you provide will help with the mentor relationship of Shawna's House Teen Chat Room Mentors.

Please Print

Teen Name: _____

Date of Birth ____ / ____ / ____ Age: _____ Gender: Male _____ Female _____

Ethnicity: White: ____ Hispanic: ____ African American: ____ Asian: ____ Other: _____

Name of School: _____ Grade: _____

Name of Parent or Guardian: _____

Relationship to Teen: Mother _____ Father _____ Other specify: _____

Address: _____ Philadelphia, PA _____

Teen Number: Cell _____ - _____ - _____ (Home): _____ - _____ - _____

Parent or Guardian Telephone Number: (Cell): _____ - _____ - _____

Teen Email Address: _____ @ _____

Parent or Guardian Email Address: _____ @ _____

Emergency Contact Name: _____ Phone Number: _____

Does your son/daughter have any physical problems or limitations?

Is your son/daughter currently receiving treatment for any medical issues?

Page 1 of 6 **Parent/Guardian Signature:** _____



SHAWNA'S HOUSE TEEN CHAT ROOM

Teen Interest Survey

(To Be Completed by Teen)

Teen Name: _____

What are some favorite things you like to do?

What are your favorite subjects in school?

If you could learn about a job/career, what would it be and why?

What is one goal you have set for your future?

If you could learn something new, what would it be?

What person do you most admire and why?

Page **2** of **6** **Parent/Guardian Signature:** _____



SHAWNA'S HOUSE TEEN CHAT ROOM

Parent or Guardian Interest Survey

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

Teen Name: (Please Print): _____

Why do you want your teen to participate in a mentoring program?

Briefly describe your expectations for Shawna's House Teen Chat Room:

Is your teen available to meet once a month for teen sessions on meeting days?

Describe your teen's school performance: grades, homework, attendance, behaviors, etc.:

Can you provide any additional background information that may be helpful to build a relationship with your teen?

Page **3** of **6** **Parent/Guardian Signature:** _____



SHAWNA'S HOUSE TEEN CHAT ROOM

Parent/Guardian Program Consent Form

Parent/Guardian please read this carefully before signing:

Shawna's House Teen Chat Room appreciates you and your teen's interest in his/her becoming a teen mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their son/daughter to participate in Shawna's House Teen Chat Room.

Please know that after receiving this completed application from you, we will evaluate the information to have a better understanding of you and your teen's needs. We do not reveal information provided to anyone that is not a Shawna's House Inc. staff member.

Please initial each of the following:

_____ I give my informed consent and permission for my teen to participate in Shawna's House Teen Chat Room mentoring program and its related activities.

_____ I agree to have my teen follow all mentoring program guidelines and understand that any violation on my teen's part may result in suspension and/or termination of the mentoring relationship.

_____ I hereby acknowledge that my teen will be transported by staff or representatives while participating in Shawna's House Teen Chat Room mentoring program, and that such transportation is voluntary and at his/her own risk.

_____ I release Shawna's House Teen Chat Room mentoring program of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any Shawna's House Teen Chat Room mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ (Optional) I agree to allow Shawna's House Teen Chat Room to use any photographic/video image of my child taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Page 4 of 6 **Parent/Guardian Signature:** _____



SHAWNA'S HOUSE TEEN CHAT ROOM

Photograph/Video Consent Form

Date: _____

Parent/Guardian Name: (Please Print): _____

Teen Mentee Name: (Please Print): _____

I hereby grant Shawna's House Teen Chat Room and its Founding and Strategic Partners permission to use my and or my teen likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Shawna's House Teen Chat Room and the parties listed above and will not be returned. I hereby irrevocably authorize Shawna's House Teen Chat Room and the parties listed above to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Shawna's House Teen Chat Room for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph/video. I hereby hold harmless and release and forever discharge Shawna's House Teen Chat Room and the parties listed above from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Teen Mentee Signature: _____

Page 5 of 6 **Parent/Guardian Signature:** _____



SHAWNA'S HOUSE TEEN CHAT ROOM

Teen Mentee Consent Form

Date: _____

Teen Name: (Please Print) _____

Shawna's House Teen Chat Room Rules, Guidelines, Regulations and Code of Conduct: All teen mentees and staff will respect each other: No yelling/screaming, No talking over another person, No judgment, No fighting, No teasing, No profanity No family relationship behavior during session time (we will remove the role of being related if there are existing family participants). All information will be confidential (with the exception of harmful or serious information that may need to be discussed with a parent or guardian. WHAT HAPPENS DURING THE SESSION STAYS AT THE SESSION; EVERYONE WILL TREAT OTHERS HOW THEY WANT TO BE TREATED.

Please initial each of the following:

_____ I agree to respect all mentors, staff, teen participants, partners and representatives while participating in Shawna's House Teen Chat Room Mentoring Program.

_____ I agree to abide by all rules and regulations of Shawna's House Teen Chat Room Mentoring Program.

_____ I agree to attend all sessions with a positive attitude and agree to be an active participant of Shawna's House Teen Chat Room Mentoring Program.

_____ I agree to come prepared, on time for sessions and to participate.

_____ I understand that I am a teen mentee at my own free will and if I do not follow the guide lines, rules and regulations that I could be terminated from Shawna's House Teen Chat Room Mentoring Program at any time.

Teen Mentee Signature: _____

Page 6 of 6 **Parent/Guardian Signature:** _____