



APPLICATION PACKET

WELCOME TO G.E.M.S. GIRLZ MENTORING & LEADERSHIP

G.E.M.S. GIRLZ offers an opportunity to engage girls 10-18 years old in a positive relationship with a role model who can direct and teach them to make good choices. The goal is to help them grow into successful members of their society. Mentors are counselors who will perform the following duties:

- Listen and help through tough times
- Develop positive friendship/sisterhood
- Be an outlet where there is freedom to speak without judgments
- Provide emotional support

G.E.M.S. GIRLZ goal is to connect middle school to high school girls with talented women in Central Florida area for a ten-month mentorship program. The greatest thing about being **G.E.M.S. GIRLZ** is the opportunity to meet talented professional women, engage in career building experiences, a chance to apply and take part in community services and to become a youth lead ambassador.

Mission

G.E.M.S. GIRLZ mission is to encourage and support the growth of all young girls to make positive life choices and to grow into successful and ambitious young women.

Vision

The G.E.M.S. GIRLZ leadership and mentoring program is committed to promote and create positive change. We envision that the girls in the community will be empowered to reach their full potential in becoming educated, strong, and influential young women in leaderships.

“Leaders should influence others..in such a way that it builds people up, encourages and edifies them so they can duplicate this attitude in others.”

Bob Goshen

Our Standards & Core Values...

We train our girls to be:

GENUINE- Authentic, one of the kind, unique

Psalm 139:14 ESV "I praise you, for I am fearfully and wonderfully made. Wonderful are your works; my soul knows it very well."

EXEMPLARY-Flawless, model, admirable

2 Timothy 2:15 ESV "Do your best to present yourself to God as one approved, a worker who has no need to be ashamed, rightly handling the word of truth."

MINDFUL- Wise, alert, sensible

Philippians 4:13 ESV "I can do all things through him who strengthens me."

SUCCESSFUL-Achiever, prosperous, affluent

Proverbs 16:3 ESV "Commit your work to the Lord, and your plans will be established."

Requirements to qualify:

- Must be a girl between the age of 10-18
- Complete application
- Must be in good academic standing of a GPA no less than 2.0
- Must be engaged in at least 20 hours of community service
- Must be affiliated or a member of a church
- Must attend and pass the interviewing process

Application must be completed and submitted before youth can participate in any activities. If there are any questions or concerns, please contact Ms. Pierrot (Executive Director) at 407-508-7000.

STUDENT APPLICATION

Personal Information

Youth's Name: _____ Age: _____ Date of Birth: ___/___/___

Address: _____ State: _____ Zip Code: _____

Ethnicity: () White () Hispanic () African American () Asian () Other _____

Please circle a shirt size:

X-SMALL / SMALL / MEDIUM / LARGE / X-LARGE

Parent/Sibling Information

Parent/Guardian Name: _____ Email: _____

Relationship to applicant: Mother () Father () other, specify: _____

Address: _____ Home #: (____) _____

Work #: (____) _____ Alternate/Cell #: (____) _____

Number of Siblings: _____

Name: _____ Age: _____ School: _____ Grade: _____

Name: _____ Age: _____ School: _____ Grade: _____

Name: _____ Age: _____ School: _____ Grade: _____

Name: _____ Age: _____ School: _____ Grade: _____

Education Information:

Name of School: _____ Grade: _____

Average GPA or Letter grade: _____

Emergency Contact Information:

In the event that a parent/guardian cannot be reached, please list person(s) to contact in case of an emergency

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

BUS/TRANSPORTATION PERMISSION/WAIVER FORM

PARENT/GUARDIAN—IT IS IMPORTANT that you complete the following Health Record. Your son/daughter must present it before boarding bus or other designated form of transportation.

Name of Student (please print) _____

Address _____

City _____ State _____ Zip _____ Phone _____

If the participant is a child under 18, print the names of parent(s) and/or legal

guardian(s): _____

Age of Child _____ Birth Date _____ Academic Grade _____

School _____

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release this organization and its leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless this organization and its leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition

or injury. I do hereby give permission for agents of this organization to seek and secure any needed medical attention or treatment for the child named above including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

I give permission for the Youth Mentoring Facilitator or other program professional medical staff to give over-the-counter medications as needed.

I give permission to transport the child named above to a medical treatment center in a non-emergency vehicle in a medical emergency situation.

Release to use Image and Likeness

On occasion, I Am Woman Proverbs 31 Ministry/G.E.M.S. GIRLZ (IAWPROV31) or its representatives takes photographs or makes an audio or videotape recording of children and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. Local news organizations may hear of our activities or events, and our organization may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed as agents of the organization see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission for the child to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.

In addition, such photographs and audio/visual recordings may be used in publications or advertising materials to let others know about our activities. These images may also be used by IAWPROV31 or its agents to produce ministry resources for staff training work program or work in the ministry or other uses to promote the ministry of IAWPROV31. IAWPROV31 may also make these materials available for sale to the public.

Medical History

1. Does the child have any known physical defect or illness which might interfere with his/her participation in strenuous activity? If so, please explain.
2. Does the child have any severe allergies or reactions to drugs or medicines? Explain.
3. Is the child presently taking any medications or on any special diet or exercise restrictions? If yes, please list specific details. (Name of drugs, dosage, etc.)

4. Indicate the date of last TTB (Tetanus, Dip Tox, Booster shot) _____

5. Are there any emotional/social disabilities that would be helpful for us to be aware of?

6. Is your child living with both parents one parent guardian other

Health Insurance Health insurance information:

Insurance Company _____ Policy _____

Number _____ Phone Number _____

Medical Doctor _____ Phone Number _____

Emergency Contacts Name of persons and telephone numbers to call in case of emergency:

Parent/Guardian _____ Home _____ Work _____

Cell _____ Parent/Guardian _____ Home _____

Work _____ Cell _____ Other _____

Home _____ Work _____ Cell _____

Other information leaders should know about the child participant:

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of the I Am Woman Proverbs 31 Ministry Inc. / G.E.M.S. GIRLZ Mentoring and Leadership Program, including any special events/activities described above. In consideration for allowing the participation of the child in these activities, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian Date

Print Name of Parent or Legal Guardian

STUDENTS INTEREST

What are the most convenient times for you to meet with your mentor? Please check all that apply.

Weekdays: ___ After school: ___ Evenings: ___ Weekends: ___ Other: ___

Do you speak any languages other than English? If so, which languages?

What are some favorite things you like to do with other people?

What are your favorite subjects in school?

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

What are your favorite subjects to read about?

What is one goal you have set for the future?

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

What person do you most admire and why?

Describe your ideal Saturday.

List two things you hate to do:

1. _____
2. _____

List at least two things you feel like you do well:

1. _____
2. _____

What qualities do you value in an adult?

Are there any other issues of importance to you that you would like to share with your mentor?

Why are you interested in participating in this program?

What do you hope to get out of your mentoring relationship?

Circle ALL the words that best describe you:

- | | | | | | |
|-------------|-----------|---------|----------|-------|---------|
| Quiet | Talkative | Shy | Friendly | Funny | Serious |
| Adventurous | Helpful | Moody | Happy | Sad | Active |
| Lonely | Outgoing | Popular | Cautious | Loud | Hopeful |