

NOTE: Eligible children who participate in the mentoring program this coming school year will have priority listing for camp this year and next!



MENTORING CLUB APPLICATION

Campers who attended Royal Family KIDS Camp can apply for RFK Mentoring Club and have fun times with their own matched adult mentor (trained and cleared) for 4 hours a month plus once-a-month Mentoring Club time events during the school year. Approved Mentors can help with transportation and there is **no fee** for participation (includes a backpack, Mentoring Club shirt and Mentoring Club materials).

HOW TO APPLY --To have your child considered for the ROYAL FAMILY KIDS MENTORING CLUBS, please complete this application plus the **attached DOUBLE SIDED Permission form** (medical/transportation) and submit it with your camp application form.

You will be contacted by the Mentoring Club Director later in the summer to discuss the match with a qualified mentor for your child during the school year.

Child's Last Name	First Name	Preferred Name	Sex	Birth date
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If Child currently has a caseworker, please give name and phone:

_____	_____
Name	Phone No.

Yes, I would like my child to be considered for the RFK MENTORING CLUBS program this year:

PARENT/CAREGIVER/LEGAL GUARDIAN

Print Name: _____

Signature: _____ Date: _____

FOR MORE INFORMATION CONTACT: [Church Host/ RFK Club Staff Info:]

LIMITED ENROLLMENT AGREEMENT FOR CAREGIVERS:

I understand that the number of children matched and admitted is limited by the number of mentors available, and that age and geography are also limiting factors. As part of the matching process, I give permission for Camp staff to share my child's camper application information (including social worker contact information) with Mentoring Club leaders in order to better match my child to a qualified mentor.



MENTORING CLUB TRANSPORTATION/ACTIVITIES PERMISSION AND RELEASE FORM

As the undersigned legal parent or caregiver, I request that my child, be allowed to participate in the Royal Family KIDS Mentoring Club Program.

This Transportation and Activities Permission and Release Form is effective on the date of my signature below, and will remain in full force and effect as long as my child participates with Royal Family KIDS in any manner; it applies to all Mentoring Club activities, including both individual meetings with a Royal Family KIDS Mentoring Club and group meetings, functions, and events (the "Activities").

I hereby give permission for my child to attend and participate in the Activities. I specifically authorize Royal Family KIDS to provide for, and arrange in my place, necessary medical care, as stated in the Medical Release Form on the reverse hereof.

I hereby also give my permission for my child to ride in any vehicle designated by the adult(s) in whose care my child has been entrusted while participating in the Activities.

In consideration for permitting my child to attend and/or participate in the Activities, I do hereby release, and on behalf of my child release, Royal Family KIDS Mentoring Club, the local Mentoring Club's mentors, Mentoring Club leaders, volunteer assistants, the host church, and any designated driver of a van, bus, car, or other vehicle used in connection with any of the Activities ("Released Parties") from any and all claims for injuries, losses, damages, costs and expenses that I, and/or my child, might have against the Released Parties, arising out of, or in any way relating to, my child and the Activities, and I agree to hold the Released Parties harmless from any loss arising from such claims.

NO CHILD WILL BE ALLOWED TO PARTICIPATE IN ANY ROYAL FAMILY KIDS MENTORING CLUB ACTIVITIES UNLESS THIS FORM IS COMPLETED AND SIGNED FOR EACH CHILD.

Child's name (PRINT) _____ Birth date (mm/dd/yr) _____

School _____ Grade _____

Caregiver's name (PRINT) _____ Relationship to child _____

Caregiver's name (PRINT) _____ Relationship to child _____

Home phone _____ Other (indicate cell, business, etc.) _____

Address _____ City _____ State _____ Zip _____

Caregivers' email _____

Other emergency contact: Name _____ Relationship to child _____

Other contact's phone(s) _____ Email _____

I certify that I have read, understand, and agree to the provisions of this Activities and Transportation Permission and Release Form, including the separate Medical Release Form on the reverse hereof.

Caregiver signature(s) _____ Date: _____

_____ Date: _____

**A photocopy of this executed form shall be valid as an original.
Please return this form with your Camp Application**



MENTORING CLUB MEDICAL RELEASE FORM

Child's Name _____ Age _____ BirthDate _____

Family Physician or Clinic _____ Phone _____

Address _____ Date of most recent physical examination: _____

Mark the following allergies with a "Yes" or "No" Penicillin _____ Sulfa _____ MSG _____

Poison Ivy _____ Poison Oak _____ Bee Sting _____

Wasps/Hornets _____ Nuts _____ Other _____

My child has a history of the following: Fainting _____ Headaches _____ Convulsions _____

My child is taking the following medications (prescription or otherwise): _____

My child is receiving medication or has a condition that may affect behavior or increase risks: _____

This Medical Release Form is effective on the date of my signature(s) below, and will remain in full force and effect as long as my child participates with Royal Family KIDS Mentoring Club in any manner; it applies to all RFK Mentoring Club activities, including both individual meetings with a Mentoring Club mentor and group meetings, functions, and events (the "Activities").

I hereby give permission for my child to attend and participate in the Activities. I specifically authorize Royal Family KIDS Mentoring Club to provide for, and arrange in my place, necessary medical care.

I authorize the Royal Family KIDS Mentoring Director or any designated adult, in whose care my child has been entrusted, to arrange for and consent to any x-ray examination, anesthetic, and/or medical, surgical and dental procedure and treatment, and hospital care, to be rendered to my child under the general or special supervision, and on the advice of any physician or dentist duly licensed by an appropriate regulatory agency, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of such physician, dentist or hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical, dental and/or hospital services rendered to my child pursuant to this authorization. Should it be necessary for my child to be transported home or to medical facilities due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

This Medical Release Form will be used only as necessary in the circumstances. Every reasonable effort will be made to first notify a care giver listed below prior to the use of this Medical Release Form.

Caregiver's name (PRINT) _____ Relationship to child _____

Signature _____ Date _____ Emergency phone _____

Caregiver's name (PRINT) _____ Relationship to child _____

Signature _____ Date _____ Emergency phone _____

**Please return this form with your Camp Application.
A photocopy of this executed form shall be valid as an original.**



PARENTS & CAREGIVERS COVENANT

Royal Family KIDS Mentoring Clubs believe that parents and caregivers are our most important allies in helping children develop good values and achieve their potential. Please review this Covenant, and sign below to indicate your agreement to work with Mentoring Club Leaders to create the best mentoring environment for your child/ren.

YOUR NAME (please print) _____

RELATIONSHIP TO CHILD/REN _____

LIST CHILD/REN APPLYING FOR MENTORING CLUB _____

My Commitment as Parent and/or Caregiver:

1. I understand that the Royal Family KIDS Mentoring Club program runs through the school year and provides children four hours of individual mentoring with a cleared Mentor each month, plus once-a-month Mentoring Club events. I will work with the Mentor to ensure that my child/ren is/are available for mentoring appointments and activities, and to communicate with the Mentor about transportation needs, appointment changes, etc. I promise to contact the Mentor or the Mentoring Director as soon as possible if plans must be changed due to illness or emergency.
2. I understand that RFK Mentoring Club's regular mentoring develops a healthy relationship with a positive role model, and is not a reward for good behavior. I agree not to withhold permission for outings with the Mentor or for Mentoring Club activities as punishment for my child's misbehavior.
3. I understand that RFK Mentors are trained and prepared to spend their appointments with their RFK assigned Mentoring Club Kid only. RFK Mentors are NOT allowed to take other non-RFK children with him or her on RFK events or mentoring appointments.
4. I understand that the RFK Mentor may NOT leave the child at the home or any other location unless the adult caregiver OR the approved emergency contact (photo ID required) is present.
5. I understand that Mentoring Club meetings and RFK mentoring appointments are not permitted over the summer and RFK supervision will end on (date) _____ **Royal Family KIDS Mentoring Club of _____ (church or organization)**

Commitment to Parents and Caregivers:

1. The Mentor(s) matched to your child/ren will be drawn from the RFK Camp network of volunteers and will have completed RFK Camp Counselor training, Mentor training, and full background checks and fingerprinting.
2. The Mentor(s) will stay in touch with you regarding mentoring appointments and Mentoring Club events, and inform you of changes as needed.
3. The Mentoring Director will contact you during the year for feedback about the Mentoring Club program, our volunteers, or your child's participation. You may also contact the Mentoring Director at any time if you have questions, concerns or need information.

CAREGIVER/S OR PARENT/S SIGNATURE(S): (1) _____

2) _____ Date _____

-----SECTION BELOW TO BE COMPLETED BY MENTORING CLUB LEADERS-----

Mentoring Club Director's Signature/Date: _____

Mentor's Signature/Date _____

Please return your signed Covenant to the Mentoring Club or give to the Mentor for the Mentoring Club leaders to complete and make copies. You will receive a photocopy for your records as well.

A photocopy of this executed form shall be valid as an original.



Caregiver Covenant (Part 2)
MENTORING CLUB KID PICK UP AND DROP OFF AUTHORIZATION:

- RFK mentors and Mentoring Club volunteers are NOT allowed to leave a child at his/her home or other designated place unless the caregiver or other authorized adult is present.
- Only authorized adults may pick the child/ren up from RFK activities.
- The Mentor will keep this form and a copy will be filed with the Mentoring Director.

Child/ren's NAME (print) _____

I hereby give my permission for the adults (**18+ YEARS OLD**) listed below to serve as authorized emergency contacts for pick up and/or as adults with whom the RFK volunteer may leave my child/ren when bringing him/her/them back from a Mentoring Club meeting, event or mentoring appointment.

I understand that the **Emergency Contact adult(s) named below must show a current picture I.D.** to the RFK Mentor/Club volunteer before the volunteer may pick up or leave the child/ren in their care. Any changes to this form must be submitted (with approved signature) to the Mentor for the Mentoring Club Director in writing.

ADULTS authorized to pick up my child, serve as emergency contact, and/or have child/ren left with him or her, including the primary caregiver:

PRINT NAMES:

1. Primary Caregiver(s): _____
2. Authorized Adult Name: _____ Phone #: _____
3. Authorized Adult Name: _____ Phone #: _____

Caregiver Signature

Date

A photocopy of this executed form shall be valid as an original