



Invest Young Mentorship Program

Duluth Seventh-day Adventist Church

APPLICATION FORM

Please complete this form for your child and turn it into the church office for consideration by the Duluth Church Board of Elders. Your responses will help us in the matching process.

Parent or Guardian Completing Form: _____

E-mail Address: _____ Telephone Number: _____

Child's Full Name: _____

Age: _____ School Grade: _____

E-mail Address: _____ Telephone Number: _____

Home Address: _____

Preferred Means of Communication: email phone face to face

Has your child been baptized? Yes No Has shown an interest

What are your child's interests?

Briefly describe your child's personality.

Why are you interested in having your child participate in this program?

What do you expect him to get out of the program?

Thank you for applying to the Invest Young Mentorship Program. This is a volunteer driven program organized by the elders of the Duluth Seventh-day Adventist church. Our goal is to augment your efforts in helping your child grow and develop into manhood with Christian virtues and a love for Jesus Christ.

The number of children in the program will be limited to the number of participating elders. Each elder will be matched with only one mentee for this nine-month mentorship period. If your child is selected, we will try our best to match him with an elder that best fits your child's interests and personality type.

Please understand that the elders are fully employed and have the same kinds of commitments and responsibilities as other parents and adults. But they are volunteering some of their time in this program because they believe in the importance of investing in our young people. They are not professional counselors or mental health practitioners. If your child needs services of this kind, please consult your primary care provider.

Please sign the line below indicating that you have read and understand the statement above and would like your child to be considered as a participant in the nine-month Invest-Young Mentorship Program.

Name of Parent or Guardian:

Print

Signature

Date
