



100 Black Men of Greater Kansas City

100 POP Mentoring Program

2011 Youth Participant Profile

This document is to be completed by the youth applicant ONLY. This document is in no way an application of acceptance into The 100 POP Mentoring Program. Your profile will be maintained as confidential.

Name: _____ Birth Date: _____

Parent Name(s): _____

Address: _____

Email Address: _____

Home Phone: _____ Mobile Phone: _____

Name of School: _____

Grade Level: _____ Grade Point Average (GPA): _____

Favorite Subjects: _____

List any school activities or youth groups you are involved with (*i.e. After-School Clubs, Church Groups, Sports*)

Favorite Foods: _____ Favorite Music: _____

What would be your dream job?

What areas of improvement can we help you with?

Why do you want to be a member of the 100 POP Mentoring Program?

Thank you for taking the time to fill out this profile. The 100 Black Men of Greater Kansas City is committed to ensuring that all information regarding a youth participant will be treated as confidential. All forms should be submitted ONLY to the 100 Black Men of Greater Kansas City, PO Box 12500, Kansas City, KS 66112.

Visit us at: <http://100blackmenkc.org/> or email us at: 100blackmenkc@gmail.com



100 Black Men of Greater Kansas City

100 POP Mentoring Program

2011 Parent or Legal Guardian Participant Profile

This document is to be completed by the parental guardian of the prospective youth participant. This document is in no way an application of acceptance into The 100 POP Mentoring Program. Your profile will be maintained as confidential.

Parents or Legal Guardians: _____

Son's Name(s): _____

Address: _____

Email Address: _____

Home Phone: _____ Mobile Phone: _____

Name of School: _____

His Favorite School Subjects: _____

What school activities or youth groups is he involved with: *(i.e. After-School Clubs, Church Groups, Sports)*

What study habits can we enhance? _____

What school subjects can we help your son with? _____

In your opinion what social skills need refinement? _____

Has he shared his life goals with you? If so, what are they? _____

What are his Favorite Foods: _____

What types of Music does he like? _____

Are there any medical conditions we should be aware of? If so, please list them.

Thank you for taking the time to fill out this profile. The 100 Black Men of Greater Kansas City is committed to ensuring that all information regarding a youth participant will be treated as confidential. All forms should be submitted ONLY to the 100 Black Men of Greater Kansas City, PO Box 12500, Kansas City, KS 66112.

Visit us at: <http://100blackmenkc.org/> or email us at: 100blackmenkc@gmail.com