

# BRIGHT FUTURES

## MENTOR REGISTRATION FORM

MENTOR INFORMATION	
First Name:	Last Name:
Cellphone Number:	Grade:
Home Phone (or parent cell):	
E-mail Address:	
Home Address:	
Which Bright Futures program are you interested in? <input type="checkbox"/> After School <input type="checkbox"/> One-to-One <input type="checkbox"/> Both	
T-Shirt Size (circle one):   Adult –   XS   S   M   L   XL   XXL   XXXL	
Do you have any circumstances or special needs we should know?   No   Yes --- please describe: (dietary restrictions, allergies, health, etc.)	
Why would you like to mentor kids at Bright Futures?	

**If you DO NOT want Bright Futures using pictures of you / your child (if under age 18) taken at After School events, you must complete and sign below. (otherwise leave blank)**

I \_\_\_\_\_ hereby DO NOT authorize use of pictures of me / my child  
\_\_\_\_\_ taken at After School events.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent / Guardian if mentor is under age 18)

### Waiver

In consideration of participation in Bright Futures, I waive any and all claims for myself and my heirs that I may have against Bright Futures Mentoring, its employees, contractors, sponsors, officials, and volunteers for any and all injury or illness which may directly or indirectly result from participation in this program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent / Guardian if mentor is under age 18)

**Return to:** Diane Ballard, Program Director • (307) 527-6688 • brightfuturesmentoring@gmail.com  
or to the CHS Guidance Office