

FAMILY PROFILE

Name of parents _____

Address _____

City/State/Zip Code _____

Email address _____

Children's Information

Name	Age/Grade	Gender/Sex

(Enter more on back of form.)

Children's allergies or special needs _____

Family Resources (check all that apply)

These are ways my family can help other families enrolled in this program:

Provide transportation Chaperone field trips Prepare snacks Event Organizer

Check in calls PR contact for media Photographer/Videographer

Recruit other volunteers Mentor students Other _____

Family Challenges (check all that apply)

Housing Work assistance Veteran Literacy/Reading Food

Child care assistance Transportation help Budgeting Faith

___ Other _____

My commitment:

As the parent/guardian for the children listed above, I pledge to support their participation in Crossing the Bridge mentoring program. This includes making sure they are prepared for their mentoring sessions, treating the program coordinators and mentors with respect and working with them to achieve my child's goals, attending parenting activities, supporting the program by volunteering my time and resources, and sharing the program's success with other parents.

Parent Name(s)

Date

Crossing the Bridge Coordinator

Date

___ Accepted

___ Not Accepted

Date