



P.O. BOX 242983 MONTGOMERY, AL 36124

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TO: Project Manhood Mentee Prospect
FROM: Kenneth Fair, *Lamplighters Director*
RE: Application Form

Please Print Legibly

Name of Applicant: _____ Birth date: _____ Age: _____
First, Middle, Last (MM/DD/YYYY)

Mailing Address: _____ City/State _____

Zip Code: _____

Student E-mail Address: _____

Is the student currently in a mentor program? **Yes / No** ... If Yes, which? _____

Name of Adult Registering Student: _____
First, Middle, Last

Relation to Student (i.e., Mother, Uncle...): _____

Are you the legal guardian/custodian? **Yes / No** ... If No, who is? _____

Home Phone of Parent/Guardian (w/Area Code): _____

Cell Phone of Parent/Guardian (w/Area Code): _____

Work Phone of Parent/Guardian (w/Area Code): _____

Email Address of Parent/Guardian: _____

Health Insurance Information for Applicant:

Insurance Name	Insurance ID Number	Insurance Group Number	Name of Person Insuring Applicant

The mission of Project Perseverance is to provide uplifting support to the diverse communities of the Montgomery Metropolitan Area through numerous programs focused on mentoring, cultural enrichment, scholarship, education and community outreach.



Other Authorized Adult:

Please list the appropriate information in the table below for two (2) emergency contacts that has your authorization to pick up the student (if needed):

Name of Emergency Contact	Phone Number (w/Area Code) of Emergency Contact	Relation to Student (i.e., Mother, Uncle...)
1.		
2.		

Name of School Where Enrolled: _____

School Address (w/City, State): _____

Grade Completed: _____ Grade Point Average (If in Grades 9-12): _____

How frequently do you use a computer? **Often / Seldom / Never**

Please list any School Honors Programs, Activities, Clubs, and Sports Participated:

Hobbies:

What are your plans after completing high school? **Circle One** – College / Military

Other _____

By signing this document, you express, acknowledge and agree that you will be responsible for providing required encouragement to your child to regularly attend majority of Project Manhood events. You also agree that in the case where your child becomes a non-responsive to Project Manhood activities or disruptive to the point of intolerance by the program’s Chair and/or Co Chair, he will then be removed from the program and his Parent/Guardian will have to re-submit another complete application for acceptance into the program. The program’s Chair reserves the right to remove your child from the program permanently. You also acknowledge that you are responsible for any normal transportation for your child outside the occasionally provided/stated transportation to Project Manhood outings.

Image Release- I hereby grant Project Perseverance, the absolute and irrevocable right and restricted permission in respect of audio, still imagery or video (hereafter known as the “images”) of me and/or in which I may be included with others, to use, reuse, publish and republish the same in whole, or in part, individually, or in any and all media now or hereafter known, and for any purpose whatsoever, for illustration, promotion, art, editorial, advertising, and trade, or any other purpose whatsoever without restriction. I hereby release and discharge Project Perseverance from any and all claims and demands arising out of or in connection with the use of the images, including without limitation any and all claims for libel or violation of any right of publicity or privacy. This authorization and release shall also insure to the benefit of the heirs, legal representatives licensees, and assigns of Project Perseverance as well as the person(s) of whom imaged.

Signature of Parent/Guardian _____

Thank you for your interest in PROJECT MANHOOD LAMPLIGHTERS PROGRAM

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