

## MENTOR APPLICATION

Full Name: \_\_\_\_\_ Current School: \_\_\_\_\_

Middle School Attended When You Participated in Inside Out: \_\_\_\_\_

Current Age: \_\_\_\_ Current Grade/Year in High School or College: \_\_\_\_\_  
(circle one)

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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Please write a LETTER to Inside Out that addresses ALL of the following questions:

What did you gain from being in Inside Out?

How did you grow and/or change – what did you learn about yourself?

What did you learn about other people?

What did you learn about theater and art?

What surprised you about the program?

What do you think Inside Out does for kids?

Why do you want to stay involved with Inside Out?

What is a mentor?

Why do you want to be a mentor?

How do you think you can be helpful with younger kids if you become a mentor?

Is there anything in yourself that you need to work on to become ready to be a mentor?

“Dear Inside Out” should be the salutation for your letter. You may email, mail, or fax this APPLICATION with your LETTER to

Program Coordinator  
Inside Out Community Arts  
2210 Lincoln Blvd.  
Venice, CA 90291  
Fax: (310) 398-0863

**The deadline for 07/08 applications is Friday, September 7<sup>th</sup>, 2007.**

**INSIDE OUT COMMUNITY ARTS**  
**ALUMNI MENTOR RELEASE FORM**  
**Parent signature required**

I, \_\_\_\_\_ hereby give permission for my child

\_\_\_\_\_ to be an Inside Out Community Arts "Alumni Mentor" for 2007/08 programs and activities from October 1<sup>st</sup>, 2007 until September 30<sup>th</sup> 2008. This includes mentoring middle school students in Inside Out Programs, attending camps and other outdoor activities, attending theater and live stage performances, participating in Inside Out sponsored workshops and events, and in engaging in volunteer opportunities with Inside Out. I also agree to the following:

- 1) If I am unable to transport my child, I give Inside Out permission to transport him/her by LAUSD school bus or personal insured vehicle.
- 2) I authorize Inside Out and whomever they may designate to administer medical care (including chiropractic, homeopathic, and first aid care) should it be deemed necessary.
- 3) I agree to hold Inside Out harmless for any and all injuries that may be sustained by my child during the course of Inside Out's activities for any reason other than willful negligence on the part of Inside Out.
- 4) I approve of and release Inside Out from any claim or liability arising out of the use of my child's name, likeness, artwork, and/or writing in a story or stories, a photo album and any documentary and promotional materials about Inside Out in any and all forms of media including but not limited to electronic, print and broadcast, in perpetuity.

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

In Case of Emergency, contact \_\_\_\_\_ at \_\_\_\_\_  
(Name) (Phone #)

Is there anything about your child's health (medications, allergies, asthma, behavior, etc.) that you believe we should know?

\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail or deliver completed form to:

Inside Out Community Arts  
2210 Lincoln Blvd.  
Venice CA 90291