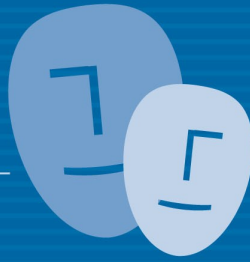


MENTORING



CAYMAN

Under the Distinguished Patronage of Her Excellency, the Governor Mrs. Helen Kilpatrick, CB

STUDENT APPLICATION

PLEASE EMAIL COMPLETED FORM TO reception@caymanchamber.ky

STUDENT INFORMATION (please type)

Name: _____ School & Grade/Year: _____

P.O. Box #: _____ KY1- _____ Email Address: _____

Date of Birth (day, month, year): _____ Gender (male or female): _____

Home phone number: _____ Cell phone number: _____ Nationality: _____

Career Interests: _____

Interests/Hobbies: _____

I understand that in the workplace, I may become privy to confidential information of a personal or business nature and I promise not to divulge the information to any other parties and respect the trust placed in me through my placement in this Programme. I also understand that any information of any illegal nature that I divulge may be reported to the appropriate authorities.

Student Signature: _____ Date: _____

PARENT/GUARDIAN INFORMATION (please print clearly)

Name: _____ Relationship to child: _____

P.O. Box #: _____ KY1- _____ Email Address: _____

Physical Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

I understand that my child has expressed an interest in Mentoring Cayman and I support his/her application and give my permission for him/her to participate. I know that this involves one day per month, during the school year, in which he/she will be placed with his/her Mentor and approve of this commitment. I will ensure adequate transportation is provided for him/her to and from the Mentor's workplace on the appropriate dates during the school year. I will also provide feedback to the Programme during the school year and at the conclusion of the Programme. Additionally, I will contact the Chamber of Commerce at the numbers listed below immediately if any issues arise or any problems develop. I have read the above guidelines, which outline my responsibility as the parent/guardian and agree to abide by them as long as the student is a participant.

Parent/Guarding Signature: _____ Date: _____



