

Mailing Address:  
4GIRLS Organization  
P.O. Box 41452  
Long Beach, CA 90853  
Email: inspiration4girls@gmail.com

4GIRLS Workshop Date & Time  
March 21, 2020 • 8:00am-4:00pm  
March 22, 2020 • 10:00am-4:00pm

Location of Workshop:  
Richard D. Browning High School  
2180 Obispo Avenue, Long Beach, CA 90805  
Application Due: February 21, 2020



## I WANT TO INSPIRE – Junior Mentor Application

4GIRLS Organization does not discriminate on the basis of race, creed, ethnic or national origin, religion, disability or sexual orientation in the administration of its selection to be a junior mentor at the 4GIRLS Workshop.

### PARTICIPANT INFORMATION (Please complete entire application.)

What is your T-shirt size? (Circle one below)

Xsmall   Small   Medium   Large   XLarge

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
Primary Language: \_\_\_\_\_ Primary Language Spoken at Home: \_\_\_\_\_  
Home street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

How did you hear of 4GIRLS? \_\_\_\_\_

Please list two references (**other than relatives**) and their contact information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Parent/Guardian Information

Name(s): \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Emergency Contact Information

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**JUNIOR MENTOR REQUIREMENTS**

**Must meet all three**

1. Completed application **with waiver**.
2. All 4GIRLS junior mentors are required to attend the mandatory training on Saturday, March 7, 2020 from 8:30 AM - 12:30 PM at Browning High School, 2180 Obispo Avenue, Long Beach, 90804
3. Attend both workshop days on time and no early dismissal.

**Junior mentor applications are due on February 21, 2020.**

There are two options for submitting your application:

1. Mail it to the 4GIRLS Organization (address in the heading)
2. Email it to [inspiration4girls@gmail.com](mailto:inspiration4girls@gmail.com) (photograph or scan)

***Please answer each question honestly and completely.***

1. Please tell us ONE WORD to describe you. \_\_\_\_\_

2. What do you LOVE most about yourself? \_\_\_\_\_  
\_\_\_\_\_

3. Tell us about your EDUCATION. (current grade, favorite subjects, inspiring moments, accomplishments, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. In what LANGUAGES are you fluent?

\_\_\_\_\_

5. If applicable, please give us a brief description of any JOB experience, COMMUNITY INVOLVEMENT and/or VOLUNTEER experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. WHY do you want to volunteer with 4GIRLS?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**4GIRLS ORGANIZATION, INC.**

**ACCIDENT WAIVER AND RELEASE OF LIABILITY**

I release and hold 4GIRLS Organization, Inc., any related organizations, volunteers, representatives or agents, harmless, and forever release all said organizations and/or individuals from any and all liability, including, but not limited to, claims for negligence, personal injury, property damage, property theft, or actions of any kind, as a result of participation in any 4GIRLS Organization, Inc. sponsored workshop or event.

I will indemnify the 4GIRLS Organization, Inc., any related organizations, volunteers, representatives or agents, for any and all expenses that may incur because of any said claims made against them, and for any reasonable expenses said organizations and/or individuals may expend due to said claims or prospective claims.

I, the undersigned, do hereby authorize and consent to any treatment and/or hospital care, which is deemed advisable and is rendered necessary in the case of illness, injury or accident during this event.

In order to share the value of the work that 4GIRLS Organization does and let other girls know about it, we often take photographs and video record selected portions of our workshops and quarterly events. We would like your authorization to use photographs and/or recordings for this purpose and videos will only be used for educational and promotional purposes by 4GIRLS Organization, Inc.

I certify that there are no health related issues or problems that should preclude my child or ward from participation in this event.

**I certify that I have read this document and I fully understand it's content. I am aware that this is a release of liability and a contract and I and I sign it of my own free will.**

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Parent(s)/Guardian(s)

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_