



Activity/Event Registration Form

This form must be completed if you are interested in participating in any/all of our "Mentor for a day!" monthly activities/events. Your pre-registration will allow us to keep you on a running list of participants. In addition to this form, you must also provide a clear copy of your picture I.D.!

DATE OF REGISTRATION

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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PERSONAL INFORMATION

Full Name :	<input type="text"/>							
Nickname :	<input type="text"/>	Nationality :	<input type="text"/>					
Date of Birth :	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Mobile Phone :	<input type="text"/>			Gender :	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
Email :	<input type="text"/>			Marital Status :	<input type="text"/>			

HOME ADDRESS

Present Address :	<input type="text"/>		
City :	<input type="text"/>	State :	<input type="text"/>
Zip Code :	<input type="text"/>		<input type="text"/>

___ I would like to be added to Mañe'lu's "Mentor for a day!" Whatsapp chat.

___ I would like to be added to an email running list.

___ I would like to be added to both.

Registrant's Signature

THANK YOU FOR YOUR REGISTRATION

Questions/Concerns can be addressed by contacting our office at
Tel: 671-472-2227 or email: mentoring@manelu.org



FULL RELEASE OF ALL CLAIMS

I, _____, am fully cognizant of the possibility of physical or emotional harm or injury I may receive or experience while participating in activities sponsored by or associated with Mañe'lu. I hereby fully and for all purposes, release Mañe'lu, and any person or group associated therewith, from all liability (past, present, future, actual, claimed, or contingent) which may otherwise exist or be claimed to exist, as a result of my participation in any such activity or event, the undersigned assuming all risk for any liability, harm, or injury which might otherwise be claimed or exist, and waiving any right I have to dispute the scope of this release on any statutory or other ground.

I also agree to immediately notify the staff of Mañe'lu, in writing, of any concern, potential claim or other problem arising from or regarding my participation in the program.

Print Name: _____

Date: _____

Signature: _____

Media Release

I hereby give Mañe'lu permission without compensation to the use (full or in part) of all still photos or video recordings taken of me for use in promotional/publicity purposes.

I further release Mañe'lu from any liability for what I, or anyone claiming by, through, or under me might deem misrepresentation in connection with the use of the aforementioned items in which I may have appeared. I am 18 years of age or older and have read the above authorization and release prior to its execution. If under 18 years of age, the parent or legal guardian indicated below has signed on my behalf.

Print Name: _____

Date: _____

Signature: _____



Empower a Youth. Inspire the Future

CONFIDENTIALITY POLICY

Mañe'lu, formerly Big Brothers Big Sisters of Guam respects the confidentiality of client and volunteer records and, with the exception of situations listed below, shares information about clients and volunteers only among the agency professional staff.

All records are considered the property of the agency and not the agency workers or clients or volunteers themselves. Records are not available for review by the clients or volunteers.

1. Information will be released to other individuals or non- Mañe'lu organizations only with the client or volunteer's written consent.
2. Identifying information regarding clients and volunteers may be used in agency publications or promotional materials unless the clients or volunteer request otherwise.
3. For purposes of program evaluation, audit, or accreditation, and with the prior approval of the Board of Directors, may have access to client and volunteer records.
4. Members of the Board of Directors or evaluators appointed by the Board have access to client files upon authorization of the Board of Directors.
5. Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.
6. Information shall be provided to an agency's legal counsel in the event of litigation or potential litigation involving the agency.
7. Territorial law mandates that suspected child abuse be reported to the appropriate authorities (GPD or Child Protective Services-DPHSS).
8. If an agency worker receives information indicating that a client or volunteer may be dangerous to himself or herself or to others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or report to the local law enforcement authorities.

By signing this document, I have read, understand, and agree to program participation under the above conditions.

Signature

Date