



# Agape Fellowship Youth Mentor Permission

therintelmans@yahoo.com

agapewilliamsport.org

## Student Information

Name: \_\_\_\_\_ Gender: M F B-day: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

\*Cell: \_\_\_\_\_ \*Email: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

## Parent Information

Parent/Guardian Name(s): \_\_\_\_\_

E-mail 1: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail 2: \_\_\_\_\_ Phone: \_\_\_\_\_

*(Email addresses will be used for updates and information about Agape Fellowship Youth Ministry)*

## Parent/Guardian Authorization

I, the undersigned parent/guardian, give permission for my child, named above, to participate in Agape's Youth Mentoring program. I also give permission for my child to be transported by their assigned mentor/mentors.

**My child is approved to be contacted and mentored by the mentor(s) I have initialed below.**

Nicole Basiago _____	Hollie Hill _____	Karen Mello _____	
Lauri Rintelman _____	Junior Herlocher _____	Paul Leichty _____	
Tim Mello _____	Dale Rintelman _____	Holger Schult _____	Bruce Trick _____

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

## ***Youth Leadership Team Contacts:***

Dale Rintelman 570.567.4364 Lauri Rintelman 909.809.8354 Nicole Basiago 603.520.0486

Hollie Hill 570.323.6061 Tim Mello 570.875.7132 Karen Mello 570.360.3100

Junior Herlocher 570.279.2646 Paul Leichty 574.238.1853 Holger Schult 570.360.1482

Bruce Trick 570.220.5615

***\*optional***