



Community Affiliations

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Parent/Guardian Information

Name: \_\_\_\_\_ Occupation (optional) \_\_\_\_\_

Name: \_\_\_\_\_ Occupation (optional) \_\_\_\_\_

Work Experience

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Emergency Contacts**

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Street City State Zip Code

Home Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Street City State Zip Code

Home Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Referral Source: (please provide name of individual in the space provided next to the title)**

Friend: \_\_\_\_\_ Co-Worker: \_\_\_\_\_

Neighbor: \_\_\_\_\_ Counselor: \_\_\_\_\_

Family member: \_\_\_\_\_ Other: \_\_\_\_\_

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Applicant Signature

Date

**Consent to Release Information Form**

I hereby authorize the release of:

\_\_\_\_\_ all information  
\_\_\_\_\_ limited information (specify)

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

from the records of, or regarding:

\_\_\_\_\_ XXX - XX -  
Participant Date of birth SS#

\_\_\_\_\_  
Address (include City, State & Zip code) Phone number

To: Sisters Together Achieving Results, Inc. P.O. Box 19501 Rochester, NY 14619  
(585) 234-0448. For the purpose of mentoring and preventive education services.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to applicant

\_\_\_\_\_  
Date

**IMAGE USE RELEASE FORM**

*We encourage you to submit photographs of activities for possible use in our annual report, newsletters, website or other STAR, Inc. marketing materials. Please complete the following "Image Use Release Form."*

I, \_\_\_\_\_, hereby attest that I am the person (or owner of the property if non-human subject matter) indicated on the attached photograph. I freely grant Sisters Together Achieving Results, Inc. (STAR) irrevocable permission to publish this image, in whole or in part and for a length of time determined by STAR, Inc. on their website or in their Annual Report or Newsletter or other marketing materials without remuneration. I understand that the picture will be used, in conjunction with other images, to represent funders, participants, or community initiatives. I warrant that said picture is free of any abuse of copyright law. I will hold harmless the aforementioned STAR, Inc. from any liability by virtue of any distortion or alteration unless it can be proven that such alterations and or distortions were done with malicious intent. I have read and fully understand the contents of this release.

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Written Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

**Release for Parent/Guardian of Minor Child**

I do attest that I am the parent or legal guardian of the above named minor child, and have legal authority to sign this release on his/her behalf. I have read and fully understand the contents of this release, and consent to the use of said photograph based on the contents thereof.

Parent/Legal Guardian Name \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## *Personal Reference Guidelines*

*Please provide this personal reference form to (2) individuals who know you very well (employer, minister/clergy, coach, counselor, advisor, teacher, principal or adult (**non-relative**)). Your personal references are to mail the form directly to Sisters Together Achieving Results, Inc. by the deadline of **September 30<sup>th</sup>**. Please communicate regularly with your personal references to ensure they complete and return the reference form by the deadline.*

*The form is confidential and must be returned by your personal reference. Please affix a stamp to an envelope and give this to your personal reference so he/she may mail it to the following address:*

*Sisters Together Achieving Results, Inc.  
P. O. Box 19501  
Rochester NY 14619*

## Personal Reference Form #1

Debutante/Page/Gem/Rosebud name \_\_\_\_\_

1. What is your relationship to the candidate? \_\_\_\_\_
2. How long have you known the candidate? \_\_\_\_\_
3. Please circle one response for each item:

a. Character/Personality	Poor	Fair	Good	Excellent	Outstanding
b. Initiative & Drive	Poor	Fair	Good	Excellent	Outstanding
c. Team Player	Poor	Fair	Good	Excellent	Outstanding
d. Leadership skills	Poor	Fair	Good	Excellent	Outstanding
e. Compassionate	Poor	Fair	Good	Excellent	Outstanding
f. Follow-through	Poor	Fair	Good	Excellent	Outstanding
g. Meeting deadlines	Poor	Fair	Good	Excellent	Outstanding
h. Communication skills	Poor	Fair	Good	Excellent	Outstanding
i. Respect for others	Poor	Fair	Good	Excellent	Outstanding
j. Problem resolution skills	Poor	Fair	Good	Excellent	Outstanding
k. Volunteerism	Poor	Fair	Good	Excellent	Outstanding

How do you think this young lady will benefit from being a participant of STAR, Inc.?

### TO THE PERSONAL REFERENCE:

The candidate has applied for the Sisters Together Achieving Results, Inc. Preventive Mentoring Education Program. This reference will be confidential. Please fill out the form enclosed, **sign your name across the envelope seal**, and return it to **STAR, Inc. PO Box 19501 Rochester NY 14619 (585)234-0448; [www.sisterstogether.org](http://www.sisterstogether.org)**. The candidate is to provide you with an envelope with the postage affixed.

Personal Reference #1 Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

Phone numbers: \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c)

Signature: \_\_\_\_\_

## Personal Reference Form #2

Debutante/Page/Gem/Rosebud name \_\_\_\_\_

1. What is your relationship to the candidate? \_\_\_\_\_
2. How long have you known the candidate? \_\_\_\_\_
3. Please circle one response for each item:

a. Character/Personality	Poor	Fair	Good	Excellent	Outstanding
b. Initiative & Drive	Poor	Fair	Good	Excellent	Outstanding
c. Team Player	Poor	Fair	Good	Excellent	Outstanding
d. Leadership skills	Poor	Fair	Good	Excellent	Outstanding
e. Compassionate	Poor	Fair	Good	Excellent	Outstanding
f. Follow-through	Poor	Fair	Good	Excellent	Outstanding
g. Meeting deadlines	Poor	Fair	Good	Excellent	Outstanding
h. Communication skills	Poor	Fair	Good	Excellent	Outstanding
i. Respect for others	Poor	Fair	Good	Excellent	Outstanding
j. Problem resolution skills	Poor	Fair	Good	Excellent	Outstanding
k. Volunteerism	Poor	Fair	Good	Excellent	Outstanding

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Personal Reference #2 Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

Phone numbers: \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c)

Signature: \_\_\_\_\_