

AGREEMENTS AND SIGNATURES

YOUR PROMISES TO US:

- I promise that all of the information I wrote on this application is true.
- I am applying because I really want to see this project happen and will give my best effort!

Your signature

Today's date

For your PARENT(S)/GUARDIAN(S) to sign:

- I am the above child applicant's parent or legal guardian, and I am at least 18 years of age.
- I give permission for this application to be submitted by the above child and for him/her to work with an Aaron's Presents Mentor to carry out one or more projects.
- I hereby authorize Aaron's Presents to use my child's first name, photograph, video and/or voice recording for the purpose of publicizing/promoting my child's efforts and/or Aaron's Presents. I understand that last names of children under 18 will not be included on Aaron's Presents materials, unless consent is specifically requested and given by me or another parent/guardian.
- I understand that Aaron's Presents does not provide liability or medical insurance coverage for my child or my child's possessions while participating in this program. This includes any property damage or personal injury to a third party that my child might cause or personal injury to my child as a result of participating. I agree that I am responsible for arranging and paying for any insurance to cover such events.
- I hereby release Aaron's Presents, its officers, employees, volunteers and agents from any and all liability, claims, damages, causes of action, medical or other expenses, or losses of any kind which may arise as a direct or indirect result of participating in Aaron's Presents programs and activities, including any transportation which is provided by Aaron's Presents for my child.
- I understand that permission from a parent/guardian will be obtained by email, phone or text before my child is transported by an Aaron's Presents employee, Board Member or volunteer.
- All of the above permissions will be granted for the duration of my child's involvement with Aaron's Presents, which may extend past this year and include participating in our Agents of Change program for Aaron's Presents Alumni.

Parent/Guardian signature

Today's date

Parent/
Guardian 1: _____ Relationship to child: _____
First Last

Address: _____
Street Town/City State Zip

Best phone # to use: () - _____ Best Email: _____

Parent/
Guardian 2: _____ Relationship to child: _____
(Optional) First Last

Address: _____
Street (if different from Parent/Guardian 1) Town/City State Zip

Best phone # to use: () - _____ Best Email: _____

PART B: ABOUT YOUR PROJECT (the EXCITING part!)

Your Name or the Names of Everyone in Your Group: _____

Name of Your Project (*feel free to be creative!*): _____

TELL US MORE!

1. **WHAT?** What do you want to do? _____

2. **WHO?** Who will you be helping? _____

3. **WHY?** What made you want to do this project? _____

4. **WHEN?** When do you think your project will start and finish? _____

5. **WHERE?** Where will your project take place? _____

6. **WHAT IF...?** What's one problem you could possibly run into? What would you do? _____

7. **What help will you need from adults?** Is there anyone else who wants to help you? _____

8. **This project is important to me because...** _____

9. **What are the first 3 things that you need to do to make this project happen?** _____

10. **How do you think you will feel after your project is done? How will other people feel because of your project?**

What supplies, materials or services do we need to buy for your project?

Just write down anything you think needs to be bought for your project. Don't worry if you don't know the prices or where to get them. We will help you!

	Description of Item/Service
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
About how much do you think your project will cost?	\$

YOU ARE DONE! THANK YOU FOR APPLYING!

After we receive your application, we will set up a time to meet with you to talk about your project.

Please mail or email your completed application
(Part A for EACH member of your group and one PART B)
 to apply@aaronspresents.org or:

Leah Okimoto, Executive Director
lokimoto@aaronspresents.org / (978) 809-5487

Kimberly LaBonte-Kay, North Shore Regional Director
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Valerie Galvao, Programs & Operations Coordinator
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Please feel free to contact us with any questions!