



**THE EAST OF THE RIVER  
CLERGY POLICE COMMUNITY PARTNERSHIP, INC.**

4105 First Street SE Washington, DC 20032 (202) 373-5767 Office (202) 373-5769 Fax Email:

**Project NIA Mentee Application**

Name:					
Address:					
City:		State:	Zip:	Phone:	
DOB:		Race:		Age:	Email Address:
Grade:	School:			Gender:	Male Female
Parent or Guardian Name:		Work #:	Cell #:		Fax #:
Email Address:					
Is one or both of your parents or other family member incarcerated?				Yes	No
Has one or both of your parents for other family member been incarcerated in the past?				Yes	No
If you answered yes to either question, please indicate which parent?					
Mother	Father	Step-Mother	Step-Father	Other	
How long has (was) your parent or family member been incarcerated?					
0-5 years		6-10 years		11-15 years 16 years (+)	
Is your parent/family member currently on probation and/or parole?				Yes	No
<b>YOUR EXPECTATIONS:</b>					
In your own words, what are some of the things that you wish to accomplish through this mentoring program:					
<b>MY MENTOR SHOULD KNOW THE FOLLOWING:</b>					



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## PROJECT NIA: Mentoring With A Purpose

### Permission Slip

I \_\_\_\_\_, parent or legal guardian, give permission for  
(child's name)\_\_\_\_\_ to participate in Project NIA groups, activities, and  
field trips. I also extend permission for

(Child's Name)\_\_\_\_\_ to be photographed or video taped by the  
Project NIA staff or agents. Additionally, I release the Project NIA from all liability and legal  
proceedings ensuring as a result of participation in the Project NIA activities, groups, or  
field trips. I acknowledge that participation in the Project NIA is voluntary and maybe  
withdrawn at any time.

Parent/Guardian Printed Name:
Parent/Guardian Signature:
Participant Printed Name:
Participant Signature:
Witness:

ERCPCP, **PROJECT NIA** PROGRAM PROHIBITS CORPORAL PUNISHMENT AND/OR ANY  
MENTAL AND PHYSICAL ABUSE.