



First Unitarian Universalist Fellowship of Hunterdon County

Coming of Age Participant Application

Confidential:

This application is to be completed by all participants for Coming of Age classes in the FUUFHC RE program. All information will be kept confidential and used only by the mentors and advisors of the program.

Date: _____ Date of Birth: _____ School Grade: _____

Name: _____ School: _____

Cell Phone: _____ Can you text? _____

Email: _____

Parent/Guardian 1	Parent/Guardian 2
Address	Address
City, State, Zip	City, State, Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone
Email Address	Email Address
Best Contact Method	Best Contact Method

- Please note that all RE correspondence will be done via email & text using the REMIND system. Please let the DRE know if there is another preferred method for important communication, updates, etc.

Special needs or considerations (food allergies) _____

To me, Unitarian Universalism means:

I have attended Unitarian Universalist congregations for _____ years.

What is special about you that you would like to share? Interests? Hobbies?

What is your favorite book or kind of book?

What is your favorite movie or kind of movie?

What is your favorite kind of music or musical group?

Who are your heroes?

What do you look for in a friend?

What are your current beliefs about God and the sacred?

What do you wish to get out of the Coming of Age program?

Mentor Arrangements ~

As a component of the Coming of Age program, youth and adult members of the congregation are paired for the purpose of supporting the youth through the Coming of Age process, including but not limited to regular weekly contact via phone or email, monthly in person meetings, occasional attendance at COA classes, assistance with the drafting of a personal credo statement and participation in the COA Sunday service.

Do you have an adult in mind from the congregation that you would like to ask to be your mentor? If so, please write his/her name here. If not, the DRE, Sarah Ahrens, will give you some names of people who would best suit you and help you to make arrangements with an appropriate mentor.

YES! I have someone in mind to be my mentor. Name _____

NO, I don't have someone in mind. Please contact me with suggestions!

To ensure the safety of the adults and youth, certain guidelines will be in place. If one of these guidelines has been violated or a mentor or mentee has a question or concern, he/she should contact the minister or the DRE immediately. The guidelines are as follows:

- Both adult and youth will maintain appropriate physical, mental and verbal boundaries
- Parents will be kept informed of all appointments made between a youth and mentor
- Confidentiality will be maintained between the mentor, mentee, the minister, and the DRE
 - Confidentiality does not include any information indicating that a youth is being hurt by someone, is hurting him/herself, or is going to hurt (or has hurt) someone else
 - In the state of NJ all adults are mandated reporters to the authorities of child/youth abuse

Youth Commitment ~

I wish to enter the Coming of Age program. I understand that this program will involve the following:

- Participating fully in all of the activities of this program and attending all of the classes
- Writing my personal belief credo in time for the **Coming of Age Service on May 20, 2018**
- Traveling to a historic UU location for one or more overnights during the course
- Working on one or more social justice/action projects individually and/or with peers
- Working with my mentor outside of the scheduled class time to help me meet the goals of the course
- Completing assignments (reading, journaling, etc) relevant to the Coming of Age coursework
- Abiding by the Mentor guidelines set forth above regarding my relationship with my mentor

I am willing to accept the challenge, knowing I will have adult help along the way. By signing below, I am making my full commitment to this program.

Signed _____ Date _____

Parent Commitment ~

I agree to support my youth in the Coming of Age program and commit to help them attend all of the sessions and fulfill the requirements for success. I allow my youth to work with a mentor following the listed guidelines.

Signed _____ Date _____