



Dear Community Member,

We are excited to announce that applications are now open for the Y.O.U.T.H Program, a 12-week initiative designed to empower, support, and engage participants in a structured and enriching environment.

The program will take place every Saturday from 11:00 a.m. to 1:00 p.m. at the Santa Monica YMCA and will run for a total of 12 weeks. Our first meeting will be held on February 7th at 11:00 a.m. at the YMCA.

The Y.O.U.T.H Program offers a supportive space for growth, learning, and connection. Space is limited, and we encourage interested individuals to apply as soon as possible.

**Application Details:**

- Applications open now through January 30<sup>th</sup>, 2026
- Location: Santa Monica YMCA
- Schedule: Saturdays, 11:00 a.m. – 1:00 p.m.
- Duration: 12 weeks
- Limited spots available

Please email completed applications to [admin@smbea.org](mailto:admin@smbea.org). For more information or questions, please call 310-310-8066.

If you or someone you know would benefit from this program, we encourage you to apply today. We look forward to welcoming our next group of participants and beginning this exciting journey together.

Sincerely,

A handwritten signature in black ink, appearing to read "Kera Blades-Snell".

Kera Blades-Snell  
Executive Director



# Y.O.U.T.H PROGRAM APPLICATION

## Applicant type Section 1

Adult Mentor ( Sections 2,3,7,8)
Young Adult Coordinator (College-Aged) (sections 2,4,7,8)
High School Participant (sections 2,5,7,8)
Middle School Participant (sections 2,6,7,8)

<input type="checkbox"/>		25+
<input type="checkbox"/>		18-24yrs Old
<input type="checkbox"/>		9 <sup>th</sup> -10 <sup>th</sup> Grade
<input type="checkbox"/>		6 <sup>th</sup> -8 <sup>th</sup> Grade

## Basic Information Section 2

Full Name of person filling out form (if not applicant) :		Phone:		
Email				
Emergency Contact Name:		Relationship to Applicant:		
If Applicable:				
Child's Name:				
Emergency Contact Phone:				

Address:				City		
State:		Zip Code:				

## Adult Mentors Section 3

Why do you want to serve as a mentor In the Y.O.U.T.H Program?	
Describe your experience working with youth	



Areas of expertise ( Check all that apply):

Academic Tutoring	<input type="checkbox"/>	<input type="checkbox"/>	Arts
Career Guidance	<input type="checkbox"/>	<input type="checkbox"/>	Sports
Emotional Support	<input type="checkbox"/>	<input type="checkbox"/>	Technology
Leadership Development	<input type="checkbox"/>	<input type="checkbox"/>	Other

Are you able to commit to weekly mentoring sessions?

Yes  No

Have you ever completed a background check?

Yes  No

Are you willing to undergo a background check?

Yes  No

College or University Attending:

Major or Area of Study:

Describe your leadership or mentoring experience.

Why do you want to be a coordinator in the Y.O.U.T.H Program ?

Are you comfortable facilitating youth group activities?

Yes  No

Skills you bring to the program

#### Section 4 YOUNG ADULT COORDINATORS ( college age applicants only)

#### Section 5 HIGH SCHOOL PARTICIPANTS

School Name:				
Grade Level:	9th <input type="checkbox"/>	10th <input type="checkbox"/>	11th <input type="checkbox"/>	12th <input type="checkbox"/>



What did you hope to gain from the Y.O.U.T.H. Program?			
Interests and hobbies:			
Are you able to attend weekly sessions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

## Section 6 MIDDLE SCHOOL PARTICIPANTS

Grade Level:				6th <input type="checkbox"/>	7th <input type="checkbox"/>	8th <input type="checkbox"/>
Why would you like to join the Y.O.U.T.H program?						
Interests and hobbies:						

Parent/ Guardian Name:			
Parent/Guardian Phone Number			

## Section 7 PHOTO/VIDEO RELEASE ( ALL APPLICANTS OR PARENTS OF MINORS)

I give permission for my (or my child's) image to be used by SMBEA for education, documentation, and promotion.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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## Section 8 PARTICIPATION AGREEMENT

I acknowledge I acknowledge that participation in Y.O.U.T.H. program requires respectful behavior, positive engagement, and adherence to the SMBEA program guidelines

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

(FOR MINORS )

PARENT/GAURDIAN SIGNATURE: \_\_\_\_\_

DTAE: \_\_\_\_\_