



**2021 Hermanitas Application/Solicitud**  
**Hermanitas Registration Form/Forma de Inscripción**

(Please Print/Favor de usar letra de molde)

Name/Nombre: \_\_\_\_\_

Address/Dirección: \_\_\_\_\_

City/Ciudad: \_\_\_\_\_ State/Estado: \_\_\_\_\_ Zip Code/ Código Postal: \_\_\_\_\_

Telephone/Teléfono: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail/Correo Electrónico: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Age/Edad: \_\_\_\_\_ Date of Birth/Fecha de Nacimiento: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (day/month/year)

Allergies or Special Needs (Please Explain)/Alergias o Necesidades Especiales (Favor de Explicar):

\_\_\_\_\_

School/Escuela: \_\_\_\_\_ Grade/Grado: \_\_\_\_\_

School Activities / Actividades Escolares: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian's Name/ Nombre de Padre/Guardian: \_\_\_\_\_

Address/ Dirección Residencia: \_\_\_\_\_

City/Ciudad: \_\_\_\_\_ State/Estado: \_\_\_\_\_ Zip Code/Código Postal: \_\_\_\_\_

Telephone/Teléfono: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail/Correo Electrónico: \_\_\_\_\_

Name of MANA Chapter or Affiliate/Nombre de Capitulo o Afiliación de MANA: MANA de Imperial Valley

Emergency Contact/Contacto En Caso de Emergencia: \_\_\_\_\_

Telephone/Teléfono: \_\_\_\_\_ Cell: \_\_\_\_\_

\*Email registration form/Favor de enviar la inscripción por email a: [ivmanahermanitas@gmail.com](mailto:ivmanahermanitas@gmail.com). For questions please call / Para preguntas favor de llamar a 760-562-2166 or 760-427-0738. **Applications are due June 4, 2021.**

**PERSONAL INFORMATION**

*"I would describe myself as..."* (use as many words that describe you ☺)

QUIET	OUTGOING	INQUISITIVE	SENSITIVE	HAPPY	ORGANIZED
ADVENTUROUS	NERVOUS	FRIENDLY	CONFIDENT	MOODY	DEDICATED
WITHDRAWN	INSECURE	SPIRITUAL	TALKATIVE	SHY	AUTHENTIC

What is your favorite subject? \_\_\_\_\_

What is your least favorite subject? \_\_\_\_\_

**INTRODUCTION**

Introduce yourself to the MANA de Imperial Valley - Hermanitas Program by writing a little bit about yourself. Tell us what your plans are after high school, what college or university you'd like to attend and why, how do you plan to prepare yourself to meet your goal, what motivates/drives you to obtain this goal, and finally, tell us what you expect to gain from this experience. Please print (100 words or less) using blue or black ink.

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Hermanita Full Name \_\_\_\_\_

The above-named student would like to be a part of the 2021 Hermanitas Program. As part of the selection process, we need to know more about the candidate. Please complete the rest of the recommendation form and have the referenced student turn it in with the application. For more information on our program please go to [www.ivmana.org](http://www.ivmana.org) or contact Clarissa Teran or Lupita Castro at [ivmanahermanitas@gmail.com](mailto:ivmanahermanitas@gmail.com)

Thank you in advance,

MANA de Imperial Valley

Person completing form \_\_\_\_\_

Relationship to student \_\_\_\_\_

Please rate the student using the scale provided. For responses of 2 or lower, please comment.	1= poor 3= average 5= excellent	Comments
Attitude		
Acts Responsibly		
Attendance		
Social Skills		
Respectfulness		
Initiative		
Ability to keep commitments/meet deadlines		
Punctuality		
Leadership Potential		
Results Oriented		
Maturity		

Overall impression of candidate: (please circle one)

Highly recommend      Recommend      Recommend with reservation      Do not recommend

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

MANA de Imperial Valley  
HERMANITAS VIRTUAL LEADERSHIP ACADEMY  
PARENT/GUARDIAN CONSENT FORM  
*Required for all participants*

**PERMISSION TO PARTICIPATE IN THE MANA Hermanitas Virtual Leadership Academy**

My child, \_\_\_\_\_, may participate in the MANA Hermanitas Virtual Leadership Academy, which will take place from June 2021 through July 2021.

**PHOTOGRAPH, VIDEOTAPE, AND/OR SOUND RECORDING AUTHORIZATION AND RELEASE**

I \_\_\_\_\_ the parent of \_\_\_\_\_ hereby voluntarily, and without compensation, authorize and consent that MANA de Imperial Valley, its legal representatives, successors, or assigns shall have the absolute right to copyright, publish, use, sell, or assign any and all photographic portraits or pictures, videotapes, or other media material, and/or sound may be included in whole or in part, whether apart from, or in connection with, illustrative or written printed matter, story or news items, motion pictures, or for any other lawful purpose whatsoever, in conjunction with my own or fictitious name, or in reproduction thereof.

I hereby waive all claims for any compensation for such use.

I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied.

I grant permission to photograph/videotape my son/daughter.       Yes       No

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

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE