Young Adult Mentoring Sessions

360 Life Changes

🌿 A Safe Space to Talk, Process, and Create

Navigating young adulthood can be overwhelming.
Whether you're dealing with school stress, relationships, identity questions, or just need someone to listen — we're here for you.

Our Young Adult Mentoring Sessions provide a judgment-free zone where you can talk openly, gain clarity, and express yourself creatively.

💬 What to Expect

Each 60-Minute Session Includes:

🕒 ***30 Minutes of Open Discussion***
Share what's on your mind. Vent, process, and feel heard — without judgment.

🎨 ***30 Minutes of Creative Expression***
Engage in personalized activities such as drawing, painting, journaling, meditation, or other creative outlets to help you decompress and reflect.

⚠️ This is NOT Therapy

These sessions are designed as supportive conversations, not clinical therapy.
We are not licensed therapists and do not replace professional mental health treatment.

If you are currently seeing a therapist, we encourage you to continue.
Our mentoring provides a complementary outlet for emotional expression and creative growth.

👥 Who This Is For

Young adults ages 15+

Anyone seeking a safe, open space to talk

Those who enjoy or want to explore creative outlets for emotional processing

Individuals looking for support and clarity through life's challenges

✨ Ready to Get Started?

Complete the application form below and upload your signed consent form.
Together, we'll create a space where you can feel heard, supported, and empowered.

📄 **[Download Application & Consent Form PDF]**

Young Adult Mentoring Application & Consent Form

360 Life Changes

Participant Information

Participant Name: _____

Age: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Parent/Guardian Information (Required for participants under 18)

Parent/Guardian Name: _____

Relationship to Participant: _____

Phone: _____ Email: _____

Emergency Contact

Name: _____

Relationship: _____

Phone: _____

Session Preferences

Preferred Session Format:

[ ] In-Person (Lake Worth, FL) [ ] Phone [ ] Virtual

Creative Activities of Interest:

[ ] Drawing [ ] Painting [ ] Meditation [ ] Journaling [ ]Other: _____

Medical & Mental Health Information

Is the participant currently seeing a therapist or mental health professional?

[ ] Yes [ ] No

Diagnosed mental health conditions we should be aware of?

[ ] Yes [ ] No

If yes, describe: _____

Allergies or medical conditions relevant to creative activities?

_____

Additional information you'd like us to know:

_____

_____

Important Disclosures & Acknowledgments

1. **Not a Substitute for Therapy** Initial: _____

I understand that these sessions are not therapy and do not replace mental health treatment.

The mentor is not a Licensed Therapist.

2. **Continuation of Current Treatment** Initial: _____

If the participant is receiving therapy, it is strongly recommended to continue.

3. **Confidentiality & Mandatory Reporting** Initial: _____

Mandatory reporting is required for child abuse, safety risks, or threats.

4. **Limitation of Liability** Initial: _____

360 Life Changes is not responsible for participant decisions or actions outside sessions.

5. **Parental Responsibility** (Florida Statute 322.09 & 985.437) Initial: _____

Parents/guardians remain legally responsible for their child's behavior.

6. **Voluntary Participation** Initial: _____

Participation is voluntary and may be discontinued by either party.

7. **Session Structure** Initial: _____

Sessions include 30 minutes discussion and 30 minutes creative activities.

Consent & Signatures

Participant Consent (Age 15+):

I have read and understand all information above.

Participant Signature: _____ Date: _____

Parent/Guardian Consent (Under 18):

I give permission for my child to participate.

Parent/Guardian Signature: _____ Date: _____

360 Life Changes

For Office Use Only:

Application Received: _____

First Session Scheduled: _____

Mentor Assigned: _____