



Mentee Application

This application is for youth and young adults who want to participate, or who were referred or recommended for participation in the DWD mentoring program. This form must be completed by the Mentee and her Parent/Guardian.

Personal Information

Child's Full Name: _____ Date: _____

Parent/Guardian's Full Name: _____

Relationship to Child: Mother ___ Father ___ other, specify: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/guardian Home phone: _____ work phone: _____ cell phone: _____

Parent/guardian Email Address: _____

Youth Social Sec. #: _____

Date of Birth ___/___/___ Age: _____ Gender: Male ___ Female ___

Ethnicity: White: ___ Hispanic: ___ African American: ___ Asian: ___ Other: ___

Name of School: _____ Grade: _____

Average GPA or Letter grade: _____

Emergency Contact Name: _____ Phone Number: _____

Parent/Guardian Application Questions

Please answer **all** the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you (or your child) want to participate in a mentoring program?
2. Is your child available to meet/talk with a mentor four hours per month and communicate at least once a week for twelve months? Please explain any particular scheduling issues.
3. Is your child willing to meet all the criteria definitions for DwD and to attend training sessions and two in-service training sessions per year after being matched with a mentor?
4. Is your child currently having any behavioral, social or emotional problems either at home or school? If so, please provide information that may be helpful for us to know as we work with your child.
4. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide information you consider appropriate.
5. Can you provide any additional background information that may be helpful to DwD and Mentoring Program when matching your daughter with an appropriate mento

Mentee Medical History

Please provide **all** the following information. If more space is needed, use an extra sheet of paper or write on the back of this page.

Name of Primary Care Physician: _____ Phone No.: _____

Medical Insurance Provider: _____

Policy Number: _____ Insurance Provider Phone No. : _____

1. Does your daughter have any physical problems or limitations? If so, describe them.
2. Is your daughter currently receiving treatment for any medical or other challenges?
3. Is she currently on any type of medication? If so, please specify.
4. Does your daughter have any known allergies or adverse reactions to medications? If yes, please describe them below.
5. Are there any other medical challenges or limitations that we need to know about? If so, please describe them.

Parent/Guardian Information and Consent

Please read and sign the following to indicate your consent for your daughter to participate in the DwD mentoring program.

After we receive your completed application, we evaluate the information provided and let you know whether your child has been accepted into the program. The information you provide will be used to match your child with an appropriate mentor. Therefore, we may need, at times, to share some information about your child with prospective mentors or other parties in the best interest of the match. However, we initially reveal only anonymous information (no names) about each party until there is initial interest from the mentee, parent/guardian, and mentor.

Please initial and date each of the following:

_____ I give my informed consent and permission for my child to participate in DwD mentoring program and its related activities.

_____ I agree to have my child follow all mentoring program guidelines and understand that any violation on my child's part may result in suspension and/or termination of the mentoring relationship.

_____ I hereby acknowledge that my child will be transported by her mentor and/or DwD Mentor or representatives while participating in DwD mentoring program, and that such transportation is voluntary and at her own risk.

_____ I release DwD mentoring program of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from her participation in the program, including but not limited to transportation, and hold harmless any DwD mentor, Board Member or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ I agree to allow DwD to use photographic images and video of my child taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials. (Optional)

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my child's application being processed:

- Contact and Information Release Form (attached)
- Interest Survey Form (attached)

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Parent/Guardian Signature

Date

Contact and Information Release

(To be completed by the Parent/Guardian)

Child's Full Name: _____ Date: _____

School: _____

I hereby grant permission for DwD and mentoring program to contact my child and conduct a personal interview for the purposes of applying to be a mentee. DwD may also make contact with my child on school premises for the purposes of screening and interviewing as well as ongoing support of her participation in the mentoring program.

I authorize DwD to obtain any needed information regarding my child from her school's Principal or other official, including academic and behavioral records and conversations with teachers, counselors, and other administrative representatives.

Further, I understand that basic information about my child will be anonymously (without names) shared with a prospective mentor(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my and my child's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

Parent/Guardian Signature

Date

Parent/Guardian Name (please print): _____

Address _____ City _____ State _____ Zip _____

Phone number (home, work or cell) if available: _____

Email address, if available: _____

Mentee Interest Survey

(To be completed by youth)

Please complete all the following. This survey will help DwD mentoring program know more about you and your interests and help us find a good match for you.

Child's Full Name: _____

What are the most convenient times for you to meet with your mentor?

Please check all that apply. Weekdays: ___ Lunchtime: ___ After school: ___ Evenings: ___

Weekends (please specify): _____ Other: _____

1. Do you speak any languages other than English? If so, which languages?
2. What are some favorite things you like to do with other people?
3. What are your favorite subjects in school?
4. If you could learn about a job/career, what would it be?
5. What are your favorite subjects to read about?
6. What is one goal you have set for the future?
7. If you could learn something new, what would it be?
8. What person do you most admire and why?
9. Describe your ideal Saturday.

Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas of special interest:

MENTEE ESSAY PORTION

(To be completed by youth)

Topic "My Relationship with my father"