

## MENTEE APPLICATION

Date \_\_\_/\_\_\_/\_\_\_

### SECTION A: To be completed by CHILD

Circle one: Male or Female

Name: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Ethnicity \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

School Attending: \_\_\_\_\_ Teacher: \_\_\_\_\_

### Interest Survey

- 1) My favorite sport to watch or play is (List all) \_\_\_\_\_
- 2) I have \_\_\_\_\_ brothers and \_\_\_\_\_ sisters and I am the oldest, youngest, or in the middle (circle one).
- 3) Do you like to camp, fish, hike & be outdoors? Yes \_\_\_\_ No \_\_\_\_
- 4) What would you like to be in life? \_\_\_\_\_
- 5) If I could change something about myself it would be to: \_\_\_\_\_
- 6) My favorite class in school is: \_\_\_\_\_
- 7) My least favorite and the one I need help in is: \_\_\_\_\_
- 8) I would like to learn about: \_\_\_\_\_
- 9) My best friends are: \_\_\_\_\_
- 10) My parents names are \_\_\_\_\_
- 11) If you could change something about your family, it would be? \_\_\_\_\_  
\_\_\_\_\_
- 12) A mentor is a person outside the family that is your friend and wants to help you succeed in whatever you choose to do.
  - Would you like to have an adult mentor? \_\_\_\_\_
  - What age mentor would you like to have? \_\_\_\_\_
  - Mentors can help you to learn about a career and develop a plan. What job would you like to have? \_\_\_\_\_

Do you have a preference for the religious affiliation of your mentor? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, which do you prefer? \_\_\_\_\_

13) This year I am going to try my best to: \_\_\_\_\_

14) The best thing that happened to me last year was: \_\_\_\_\_  
\_\_\_\_\_

15) If you could have anything what would it be? \_\_\_\_\_

16) If you could go anywhere where would it be? \_\_\_\_\_

17) Do you like to read? \_\_\_\_\_ What kind of books or magazines do you like?  
\_\_\_\_\_

18) Are you having problems in school? Yes \_\_\_ or No \_\_\_, if yes what \_\_\_\_\_  
\_\_\_\_\_

19) Do you have a temper? \_\_\_\_\_

20) What physical signs do you recognize when you are getting angry? \_\_\_\_\_  
\_\_\_\_\_

21) Who is the most important person in your life at this time? \_\_\_\_\_

22) How do the other kids in school treat you? \_\_\_\_\_

23) Do you have trouble taking directions? \_\_\_\_\_

24) What do you like to do most in your free time? \_\_\_\_\_

25) What are your favorite TV shows? \_\_\_\_\_

26) Think of a best friend or parent. What is it you like about that person? \_\_\_\_\_  
\_\_\_\_\_

27) Write down three words that best describe you:

28) Is there anything else you like to do or would like us to know about you? (favorite foods, sports, activities etc.) This helps up match you with a mentor.  
\_\_\_\_\_

Are you now or have you ever been on probation? \_\_\_\_\_ If yes, complete the following:

- Name of Probation Officer: \_\_\_\_\_
- Reason for probation: \_\_\_\_\_
- Date of probation: \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ If yes, please provide details

\_\_\_\_\_

List history of substance use (if any) \_\_\_\_\_

\_\_\_\_\_

List medications you're currently taking (prescription and over the counter) \_\_\_\_\_

\_\_\_\_\_

**SECTION B: To be completed by the PARENT**

Parents, Guardian, or Responsible Adult:

Name:(s) \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Work Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

Monthly Household income \$\_\_\_\_\_ Number of persons living in household? \_\_\_\_\_

Are you receiving any public assistance? Yes \_\_\_\_\_ No \_\_\_\_\_,

If yes, what kind? \_\_\_\_\_

Is there anything else you think we should know about your child?

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Please return this application to the PlusONE Mentors Program

Shasta Family YMCA  
PlusONE Mentors Program  
1155 N. Court St.  
Redding, CA 96001  
Office: 530-244-7114  
Fax: 530-244-6224

**Parent Permission**

The PlusONE Mentors Program is dedicated to restoring hope in the lives of children and their families living in Shasta County. Trained and screened volunteers will act as mentors (tutors, big brothers, big sisters and friends) to youth who desire change in their lives.

In order to begin this program, we must have your permission. Please fill out the information section at the bottom of this notice and return it to us immediately. Only then can we start your child on this very worthwhile experience.

**Hold Harmless Clause**

I also agree to indemnify and save harmless the Executive Director, Coordinator, Case Manager, volunteers and Board Members of the Shasta Family YMCA PlusONE Mentors Program, services in Shasta County it's elected officials, officers and employees, any and all parents or other adult volunteers and any corporate or individual mentor participating in the PlusONE Mentors Program, from all claims, suits or actions of every name, kind and description brought for, or an account of, injuries to, or death of any person, or damage to property resulting from the performance of any activity permitted or required by this agreement.

Parent, Guardian or Adult responsible for mentee:

*I have read, understand, and agree to give permission for my child, \_\_\_\_\_  
 to work with a PlusONE Mentor in the Mentoring Program.*

\_\_\_\_\_  
 Parent's Name Printed

\_\_\_\_\_  
 Parent's Signature

\_\_\_\_\_  
 Child's Name Printed

\_\_\_\_\_  
 Child's Signature

\_\_\_\_\_  
 Date

<b>Office use only</b>	Comp	Book
Called for interview	DOB	Other
Interviewed	Guardian	Other
Photographed	PL	Other