



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?

Please return this application to the PlusONE Mentors Program

Shasta Family YMCA
PlusONE Mentors Program
1155 N. Court St.
Redding, CA 96001
Office: 530-246-9622
Fax: 530-246-9645



PlusONE Mentors Program

1155 N. Court St., Redding, CA 96001 www.sfymca.org
PHONE: (530) 246-9622 FAX: (530) 246-9645 E-MAIL: plusone@sfymca.org



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

Office use only	Comp	Book
Called for interview	DOB	Other
Interviewed	Guardian	Other
Photographed	PL	Other