

Rites of Passage Youth Mentorship Program Mentee Application Form

Personal Information

Youth's Name: _____

Date: _____

Parent/Guardian Name: _____

Relationship to Youth: Mother Father Other, specify: _____

Street Address: _____

Home Phone: _____ Work Phone: _____

Youth Social Insurance Number: _____

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

Ethnicity: _____

Name of School: _____

Grade: _____

Emergency Contact Name: _____

Phone Number: _____

Application Questions

Please answer all of the following questions as completely as possible.

1. Why do you want to participate in a mentoring program?
2. Briefly describe your expectations for the Rites of Passage Youth Mentorship Program:
3. Are you available to meet with a mentor four hours per month and have contact at least once a week for four months? Please explain any particular scheduling issues.
4. Are you willing to attend an initial mentee training session and two training sessions per year after being matched?
5. Describe your school performance including grades, homework, attendance, etc.
6. Do you have friends? Please describe his/her friendships.

7. Are you currently having any problems either at home or school?

8. Have you experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.

Note to Parent/Guardian: Please read this carefully before signing Rites of Passage Youth Mentorship Program appreciates you and your child's interest in his/her becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their son/daughter to participate in the Rites of Passage Youth Mentorship Program . After receiving this completed application from you, we will evaluate the information and call you to let you know if your child has been accepted into the Youth Mentorship Program. Much of the information you supply in this application packet will be used to match your child with an appropriate mentor. Therefore, the mentoring staff may, at times, need to access and share this information with prospective mentors and other parties when it is in the best interest of the match. However, we do not reveal names until there is an initial interest from the mentee, parent/guardian, and mentor based first upon anonymous information provided about each other.

Mentee Application

Parent/Guardian, please initial each of the following:

_____ I give my informed consent and permission for my child to participate in the Rites of Passage Youth Mentorship 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 may be transported by his/her mentor and/or Rites of Passage Youth Mentorship Program Coordinator while participating in the Rites of Passage Youth Mentorship Program, and that such transportation is voluntary and at his/her own risk.

_____ (optional) I agree to allow Rites of Passage Youth Mentorship Program to use any photographic image of my child taken while participating in the mentoring program.

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

Signature

Date