



I.N.S.P.I.R.E.

Group Sessions - Mentee Application



Personal Information (To Be Completed by the Parent/Guardian...Please use ink and print clearly.)

Youth's Name: _____ Date: _____

Parent/Guardian Name: _____

Relationship to Youth: Mother Father Other, specify: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Date of Birth: ___/___/___ Age: _____

Name of School: _____ Grade: _____

Emergency Contact Name: _____ Phone Number: _____

Please read this carefully before signing.

I.N.S.P.I.R.E. Youth Female Mentoring Program appreciates you and your child's interest in her becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their daughter to participate in the I.N.S.P.I.R.E. Youth Female Mentoring Program.

Please initial each of the following:

_____ I give my informed consent and permission for my child to participate in the I.N.S.P.I.R.E. Youth Female 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 release the I.N.S.P.I.R.E. Youth Female 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 I.N.S.P.I.R.E. Youth Female mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ (optional) I agree to allow the I.N.S.P.I.R.E. Youth Female Mentoring Program to use any photographic image of my child taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

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 this application being processed:

- Contact and Information Release Form
- Interest Survey Form

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

Application Questions

Please answer all of 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/your child want to participate in a mentoring program?
2. Briefly describe your expectations for the I.N.S.P.I.R.E. Youth Female Mentoring Program:
3. Is your child willing to attend an initial mentee training session and one in-service training session per year?
4. Describe your child's school performance including grades, homework, attendance, behaviors, etc.
5. Does your child have friends? Please describe her friendships.
6. Is your child currently having any problems either at home or school?
7. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.

Medical History

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

Medical Insurance Provider: _____

Policy Number: _____ Phone No.: _____

Does your daughter have any physical problems or limitations?

Is your daughter currently receiving treatment for any medical issues?

Is she currently on any type of medication? If so, please specify.

Does your daughter have any known allergies or adverse reactions to medications? If yes, please describe them below:

Does your daughter have any emotional issues or problems right now?

Is your daughter currently seeing a counselor or therapist?

Therapist's Name: _____

Contact and Information Release (To Be Completed by the Parent/Guardian)

Youth's Name: _____ Date: _____

School: _____

I hereby grant permission for I.N.S.P.I.R.E. Youth Female Mentoring Program to make contact with my child and conduct a personal interview for the purposes of applying to be a mentee. I.N.S.P.I.R.E. 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 the I.N.S.P.I.R.E. Youth Female Mentoring Program to obtain any needed information regarding my child from her school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff.

Parent/Guardian Signature

Date

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

I.N.S.P.I.R.E.



Mentee Interest Survey (To Be Completed by Youth)

Please complete all the following. This survey will help I.N.S.P.I.R.E. Youth Female Mentoring Program know more about you and your interests.

What are the most convenient times for you to meet? (Please circle all that apply.)

Monday Evenings Thursday Evenings Friday Evenings Saturday Mornings / Afternoons

Do you speak any languages other than English? If so, which languages?

What are some favorite things you like to do with other people?

What are your favorite subjects in school?

If you could learn about a job/career, what would it be?

What are your favorite subjects to read about?

What are three goals you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday:

Please circle all activities you are interested in: Biking Camping Science Cooking Library Hiking
Boating Music Sports Golf Swimming Gardening Parks Movies Fishing Animals/Pets
Painting/Photos Board Games Shopping Dancing Exercising Running Eating Arts/Crafts
Poetry Bowling Other: _____

List any other areas of special interest: