

Helping Hands Resource Inc. Mentoring Program

YOUTH MENTEE APPLICATION

(To Be Completed by Parent/Guardian)

Personal Information

Youth's Name _____ Date _____

Parent/Guardian
Name _____

Relationship to Youth: ___ Mother ___ Father Other (please specify) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

Youth's Date of Birth: _____ Age: _____ Gender: ___ Male ___ Female

Ethnicity: ___ White ___ Hispanic ___ African American ___ Asian ___ Other (please specify) _____

Name of School: _____ Grade: _____

Emergency Contact Name: _____ Phone Number: _____

Please list all members of your household.

Name	Gender	Age	Relationship to Applicant

Application Questions

Please answer all the following questions as completely as possible. If more space is needed, use an extra sheet of paper. The answers to these questions will aid us in the matching process.

1. Why do you/your child want to participate in a mentoring program?

2. Briefly describe your expectations of the mentoring program?

3. Is your child available to meet with a mentor a minimum of one hour per week? __Yes __ No

Please explain any particular scheduling issues that you may have.

4. Describe your child's school performance including grades, homework, attendance, behaviors, etc.

5. Does your child have friends? Please describe his/her friendships

6. Is your child currently having problems either at home or at school? If yes, provide details.

7. Has your child experience any traumatic events (i.e. death in the family, abuse, divorce)? If yes, please provide details.

8. Can you provide any additional background information that may be helpful in matching your son/ daughter with an appropriate mentor? (Anything that we should be aware of that could be a trigger for you or your child.)

9. Do you have any religious preferences you would like for us to take into consideration?

10. Is there anyone your child should not have contact with?

Medical History

Name of Primary Care Physician: _____ Phone Number: _____

Medical Insurance Provider: _____

Policy Number: _____ Phone Number: _____

Does your son/daughter have any physical problems or limitations? ____ Yes ____ No

Is your son/daughter receiving treatment for any medical issues? ____ Yes ____ No

Is he/she currently taking any type of medications? ____ Yes ____ No

If yes, please explain _____

Does your son/daughter have any known allergies or adverse reactions to medications?

If yes, please explain _____

Does your son/daughter have any emotional issues right now? ____ Yes ____ No

If yes, please explain _____

Is your son/daughter currently seeing a counselor or therapist? ____ Yes ____ No

If yes, please explain _____

Please read this carefully before signing:

We appreciate 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 mentoring program.

After receiving this completed application from you, we will evaluate the information and send you a letter letting you know if your child has been accepted into the mentoring program. Much of the information that 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 upon anonymous information provided about each other.

Please INITIAL each of the following—

____ I give my informed consent and permission for my child to participate in the Helping Hands Resource, Inc. Mentoring Program and its related activities.

____ I agree to have my child follow all the 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 while participating in the mentorship program, and that such transportation is voluntary and at his/her own risk.

____ I release the Helping Hands Resource, Inc. Mentoring Program of all liability of injury, death, or damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

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

- Signed application
- Contact and Information Release Form
- Youth Mentee Guidelines/Instructions 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

Please return or mail this application and all items listed above to

Helping Hands Resource, Inc. Mentoring Program

Attn: Sandra King

528 35th St.

Norfolk, VA 23508

757-277-3318

Helping Hands Resource, Inc. Mentoring Program

Contact and Information Release

(To Be Completed by the Parent/Guardian)

Youth's Name _____ Date _____

I hereby grant permission for the Helping Hands Resource Inc. Mentoring Program to contact my child and conduct a personal interview for the purpose of applying to be a mentee.

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 Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

YOUTH MENTEE GUIDELINES/INSTRUCTIONS

(To Be Completed by the Youth)

1. Be dependable and punctual! If you will be late or absent, please notify the mentor as soon as possible.
2. Never put yourself into situations that could be perceived as inappropriate. Meet in public places as much as possible. Examples— Never be in a home alone with your mentor. Never be in a bedroom or bathroom with you mentor.
3. Absolutely **NO** photos or sharing of information can be shared on social media sites!
4. Refer concerns to your guardian/contact person.
5. Never take any kind of medication (i.e., aspirin) from a mentor.
6. Smoking, drinking or drug use is not permitted while with a mentor.
7. Respect mentors' privacy. When meeting and talking with mentor in public, avoid talking about private matters where others can hear.
8. Respect cultural and social differences and religious beliefs. Do not try to change them, but instead accept them as they are. Avoid imposing your own upon them.
9. Do not travel with your mentor without written consent from your parent/guardian.
10. Make any promises sparingly and keep them faithfully.
11. Mentor/mentee assignments may be changed if either the mentor or mentee request it.
12. Please do not carry weapons of any kind when spending time with your mentor.

Youth Mentee Signature

Date

Parent/Guardian's Signature

Date