



Mentee Application

Personal Information

Youth's Name: _____ Date: _____

Bob Price New Directions Hollywood Cambridge Whitney

Parent/Guardian Name: _____

Relationship to Youth: Mother ___ Father ___ Other, specify: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

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

Ethnicity: White: ___ Hispanic: ___ African American: ___ Asian: ___ Other: _____

Name of School: _____ Grade: _____

Emergency Contact Name: _____ Phone Number: _____

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

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. Is your child available to meet with a mentor eight hours per month and have contact at least once a week for a minimum of one year?
3. Is your child willing to attend an initial mentee training session and participate in scheduled programs for the year?

Please read this carefully before signing

LOTF "Champions of Youth" Mentoring 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 LOTF "Champions of Youth" 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 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.

Please initial each of the following

_____ I give my informed consent and permission for my child to participate in the Champions of Youth 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 hereby acknowledge that my child will be transported by his/her mentor and/or New Insights staff or representatives while participating in the New Insights Mentoring Program, and that such transportation is voluntary and at his/her own risk.

_____ I release the "**Champions of Youth**" Mentoring Program of all liability of injury, death, or other 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 New Insights 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 "Champions of Youth" 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 the following *completed* items along with this application, and that any incomplete information will result in the delay of my 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

Mentee Contract

Name: _____

Date: _____

By choosing to participate in the Champions of Youth Mentoring Program, I agree to:

- Follow all rules and guidelines as outlined by the program coordinator, mentee training, program policies, and this contract
- Have a positive attitude and be respectful of my mentor
- Make a one-year commitment to being matched with my mentor
- Meet at least eight hours per month with my mentor
- Make at least weekly contact with my mentor
- Obtain parent/guardian permission for all meeting times at least three days in advance, if possible
- Be on time for scheduled meetings or call my mentor at least 24 hours beforehand if I am unable to make a meeting
- Discuss monthly meeting times and activities with the program coordinator, and regularly and openly communicate with the program coordinator as requested
- Inform the program coordinator of any difficulties or areas of concern that may arise in the relationship
- Participate in a closure process when that time comes
- Notify the program coordinator if I have any changes in address or phone number
- Attend mentee training sessions twice per year

_____ (please initial) I understand that upon match closure, future contact with my mentor is beyond the scope of the **"Champions of Youth" Mentoring Program** and can happen only by the mutual consensus of the mentor, the mentee, and my parent/guardian.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program coordinator at this time or in the future.

(Signature)

(Date)