

GRAND AREA MENTORING PROGRAM

Moving Forward Together

Mentee Application

(To Be Completed by the Parent/Guardian)

Youth Information

Youth's Name: _____ Date: _____

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

Parent Information

Parent/Guardian Name: _____

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

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 Grand Area Mentoring Program:

3. Is your child available to meet with a mentor for a cultural or educational activity for one to two hours a month?

Yes / No

4. Is your child willing to attend an initial mentee training session and in-service training sessions after being matched?

Yes / No

5. Describe your child's school performance including grades, homework, attendance, behavior, etc.:

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

7. Is your child currently having any problems either at home or school?

8. Has your child experienced any traumatic events that you would like to share with a GrandAM staff member or your child's mentor (i.e., death in the family, abuse, divorce)?

9. Can you provide any additional background information that may be helpful in matching your son/daughter with an appropriate mentor?

Medical History

Name of Primary Care Physician: _____

Medical Insurance Provider: _____

Does your son/daughter have any physical problems or limitations? Yes / No
Please Describe:

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

Is he/she currently on any type of medication? Is so, please specify and use opposite side if more room is necessary.

Does your son/daughter have any allergies or adverse reactions to medications? Yes/No
Please Describe:

Does your son/daughter have any emotional issues or problems right now? Yes / No
Please Describe:

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

Therapist's Name: _____

Please read this carefully before signing:

Grand Area Mentoring Program appreciates you and your child's interest in the program. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow his/her son/daughter to participate in the Grand Area 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.

I give my informed consent and permission for my child to participate in the Grand Area 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 Grand Area 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 GrandAM 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 agree to allow Grand Area Mentoring 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. (Applicable only if initialed on "Contact and Information Release" form.)

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 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

Please return or mail this application and the items listed above to:

GrandAM Program Coordinator
Vocational Center
439 South 100 East
Moab, UT 84532

GRAND AREA MENTORING PROGRAM

Moving Forward Together

Contact and Information Release

(To Be Completed by the Parent/Guardian)

Youth's Name: _____ Date: _____

I hereby grant permission for Grand Area Mentoring Program to make contact with my child and conduct a personal interview for the purposes of applying to be a mentee. Grand Area Mentoring may also make contact with my child on school premises for the purposes of screening and interviewing as well as ongoing support of his/her participation in the mentoring program.

I authorize Grand Area Mentoring to obtain any needed information regarding my child from his/her school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff.

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.

_____ I give my informed consent and permission for my child to participate in the Grand Area 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 Grand Area 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 GrandAM 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 agree to allow Grand Area Mentoring 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. (Optional)

Parent/Guardian Signature _____
Date

Parent/Guardian Name: _____

Physical Address _____

Mailing Address (if different) _____

GRAND AREA MENTORING PROGRAM
Moving Forward Together

Parent/Guardian Contract

Name: _____

Date: _____

By allowing my son/daughter to participate in the Grand Area Mentoring Program, I agree to:

- Allow my child to participate in the Grand Area Mentoring Program and to be matched with a Grand Area mentor
- Follow and encourage my child to follow all rules and guidelines as outlined by the program coordinator, mentee training, program policies, and this contract
- Support my child in this match by allowing him or her to meet at least five hours per month and have weekly contact with him/her for one year
- Have my child to call and notify the school if unable to make a meeting on a school day
- Regularly and openly communicate with the program coordinator as requested
- Inform the program coordinator if I observe any difficulties or have areas of concern that may arise in the match relationship
- Participate in a closure process when that time comes
- Notify the program coordinator if I have any changes in address or phone number

_____ (Please initial) I understand that upon match closure, future contact between my child and his/her mentor is beyond the scope of the Grand Area Mentoring Program, and can happen only by the mutual consensus of the mentor, the mentee, and their 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)

GRAND AREA MENTORING PROGRAM

Moving Forward Together

Mentee Interest Survey

(To Be Completed by Youth)

Please complete all the following. This survey will help Grand Area Mentoring Program know more about you and your interests and it will help us find a good mentor match for you.

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 is one goal 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 check no more than ten activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas of special interest: