



Better Opportunities Mentoring Program

Mentee (Child/Youth) Application

Greetings! We are delighted that you are interested in enrolling your child in our mentorship program. In order to begin the information below must be completed by the child/youth parent or legal guardian. This allows the program to know more about your child/youth and match them with the appropriate mentor.

Child/Youth Personal Information

Child/Youth Full Name: (First, Middle, Last) _____

Address: (including zip) _____

Date of Birth: _____ **Age:** _____ **Race:** _____

Name of School: _____ **Grade:** _____

Gender (circle one): Male / Female

List all members of child's household:

<u>Full Name</u>	<u>Gender</u>	<u>Age</u>	<u>Relationship to Child</u>

Parent/Guardian Personal Information

Parent/Guardian Full Name: (First, Middle, Last) _____

Relationship to Child: Mother _____ Father _____ Other: _____

Address: (including zip) _____

Home/Cell Phone: _____ **Work Phone:** _____

Email Address: _____

Employer: _____ **Occupation:** _____

List Emergency Contact(s):

Full Name: (First, Middle, Last): _____

Home/Cell Phone: _____ **Relationship to Child:** _____

Full Name: (First, Middle, Last): _____

Home/Cell Phone: _____ **Relationship to Child:** _____

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Mentee (Child/Youth) Application Child/Youth Application Questions

Please have your child/youth complete the questions below with the help of the parent/guardian, if necessary:

What are the most convenient times for you to meet with a mentor? Please Circle all that apply.
Weekdays Weekends Mornings Afternoon Evenings

How would you describe your personality? Circle all that apply.

Encouraging Friendly Outgoing Talkative Funny
Serious Motivational Life of the Party Reserved Quiet
Mellow Solitary Laid Back Other: _____

What do you enjoy your free time? Circle all that apply.

Movies Music Video Games Sports Camp
Paint Photography Board Games Fish Shop
Read Exercise Garden Other: _____

What are your favorite subjects in school? _____

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

What is one goal you have set for the future? _____

I agree that if I'm selected to have a mentor, I will engage in appropriate behavior and follow the rules of Better Opportunities Mentoring Program.

Child Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Parent/ Guardian Application Questions

1. Why would you and your child like to participate in a mentoring program? Briefly describe your expectations for the Better Opportunities Mentoring Program: _____

2. Has your child experienced any traumatic events? (i.e., death in the family, abuse, divorce, etc.):

3. Can you provide any additional background information that may be helpful to matching your son/daughter with an appropriate mentor?: _____

4. Please answer below by circling YES or NO:

Does your son/daughter have any physical problems/limitations? YES / NO

Is your son/daughter currently receiving treatment for any medical issues? YES / NO

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Is he/she currently on any type of medication? YES / NO

Does he/she have any allergies/adverse reactions to medications or food? YES / NO

Does your child require any special accommodations due to medical limitations, disability, dietary constraints or other restrictions? YES / NO

Has your child/youth ever been arrested? YES / NO

Has your child/youth ever or currently using alcohol, drugs, or tobacco products? YES / NO

Explain any yes answers: _____

5. List your child/youth Primary Care Physician and Medical insurance information:

Primary Care Physician: _____ **Phone:** _____

Address: (including zip) _____

Insurance Provider: _____ **Policy Number:** _____

Please read and initial each of the following:

_____ I give my informed consent and permission for my child to participate in the Better Opportunities Mentoring Program (BOMP) and its related activities.

_____ I agree to have my child follow all BOMP guidelines and understand that any violation on my child's part may result in suspension and/or termination of the mentoring relationship.

_____ I understand my child will be transported by his/her mentor and/or BOMP staff or representatives while participating in this Mentoring Program, and such transportation is voluntary and at his/her own risk.

_____ I release the BOMP 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 BOMP 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 hereby grant permission for BOMP to make contact with my child and conduct a personal interview for the purposes of applying to be a mentee. BOMP 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.

_____ **MEDICAL AUTHORIZATION:** Should it be necessary for my child to have medical treatment while participating in the mentoring program, I hereby give BOMP personnel permission to use their best judgment in obtaining medical service for my child, and I give permission to the physician selected to render whatever medical treatment he or she deems necessary and appropriate. Permission is also granted to release necessary emergency contact/medical history to the attending physician, if needed.

I hereby agree to all of the above authorizations and permissions. Further, by signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Printed Name Full Name: _____

Signature: _____ **Date:** _____