

YOUTH APPLICATION FOR MENTORING PROGRAM

Please answer the following questions as completely as possible. This information will help us to match you with the right mentor. (Please print)

Today's date _____

Name _____ Male _____ Female _____ (check one)

Address _____ City _____ State _____ ZIP _____

Telephone _____ Parent's Name _____

If you are not living with your mother or father, who is your legal guardian?

Name _____ Relationship to you _____

How many brothers and sisters do you have? _____ Their ages are: _____

My favorite kind of music is _____ My favorite television show is _____

My favorite sport is _____ My favorite book is _____

My best subject in school is _____ My worst subject in school is _____

Are you a Boys & Girls Club member? Yes _____ No _____

Do you have any after-school responsibilities? Yes _____ No _____

If yes, what are they? _____

Describe your special interests and hobbies (e.g. sports, arts & crafts, computers, music, reading, cooking, games, career interests, foreign languages, painting, reading, etc.)

What clubs or groups do you belong to? _____

What do you like to do most with your free time? _____

How could a mentor help you? _____

What do you hope to get out of your mentoring relationship? _____

Is there anything that you would like to share with your mentor? _____

What would you like to do with your mentor? _____

Why are you interested in participating in this program? _____

I agree that I will meet with my mentor at the Boys & Girls Club only at the times and locations arranged between us. I also agree to notify my mentor or my Club if I am unable to make a weekly meeting.

(Signature of Youth)

(Date)

PARENT/GUARDIAN CONSENT FORM

I, the parent or legal guardian for _____ hereby give my permission for my child to participate in the Mentoring Program at the Boys & Girls Club.

I fully understand that the program involves mentors, who shall be selected from the community and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will be expected to spend a minimum of one hour per week with my child on-site at the Boys & Girls Club. The mentor is not allowed to take or meet my child beyond the Club facility.

I understand that my child will participate in an orientation session at the Club in which the program will be explained. The program is planned to last one year and continuation may then be discussed.

I understand that during the course of the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of the Club will provide ongoing monitoring of the mentoring activities.

I give the Boys & Girls Club Mentoring Program Coordinator permission to obtain my child's academic and attendance records from my child's school.

I permit the Mentoring Program staff and the Boys & Girls Club to utilize photographs of my child taken during his/her involvement in the mentoring program and waive all rights of compensation.

(Signature of Parent/Guardian)

(Printed name of Parent/Guardian)

Date _____

Please sign the permission form and return to the Boys & Girls Club Mentoring Program Coordinator by _____.

(date)

Thank you!