



## A Place for Me Mentoring Youth Application

### Parent Application (To Be Completed by the Parent/Guardian)

Youth Name: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Email Address: \_\_\_\_\_

Youth Instagram: \_\_\_\_\_

Youth Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Nickname: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent Instagram: \_\_\_\_\_

Parent Face book: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Relationship to Youth:  Mother  Father  Other, specify: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Ethnicity:  White  Hispanic  African American  Asian  Other: \_\_\_\_\_

Do you receive texts?  YES  NO

### **If we are unable to reach you, who should we contact?**

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

**Application Questions (Parents)**

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 want your son/daughter to participate in a mentoring program?

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2. Briefly describe your expectations for A Place for Me Mentoring.

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3. Describe your son/daughter school performance including grades, homework, attendance, behaviors, etc.

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4. Does your son/daughter prefer to have a group setting or one on one mentoring? (circle)

GROUP

ONE ON ONE

5. Is there anything specific that you would like for us to cover? Is your son/daughter currently having any problems either at home or school?

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6. Has your son/daughter experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.

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7. Can you provide any additional background information that may be helpful to A Place for Me Mentoring in matching your son/daughter with an appropriate mentor?

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**Medical History**

Does your son/daughter have any physical problems or limitations? Are there any allergies? If yes, please explain.

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Is your son/daughter currently receiving treatment for any medical issues including current medication?

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Is your son/daughter currently seeing a counselor or therapist?  YES  NO

**Please read this carefully before signing; Our program is first come first served basis:**

A Place for Me Mentoring 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 "A Place for Me Mentoring". After receiving this completed application from you, we will provide you a copy to keep for your records. The mentoring staff may, at times, need to access and share this information with current mentors and other parties affiliated with our non profit when it is in the best interest of the match (mentee). I understand if there is a gap of participation for 3 months, a re-evaluation of Needs Assessment will be obtained.

**Please initial each of the following**

\_\_\_\_\_ I give my informed consent and permission for my son/daughter to participate in A Place for Me Mentoring group and one on one mentoring and social outings.

I agree to have my son/daughter to follow all mentoring program guidelines and understand that any violation of my son/daughter may result in suspension and/or termination of the mentoring program. \_\_\_\_\_ Parent Initial \_\_\_\_\_ Youth Initial

\_\_\_\_\_ I hereby acknowledge that on occasion my son/daughter will be transported by his/her mentor and/or A Place For Me Mentoring staff or representatives while participating in the A Place For Me Mentoring Foundation and that such transportation is voluntary and at his/her own risk. (Unless other arrangements have been made).

\_\_\_\_\_ I release the A Place For Me Mentoring of all liability of injury, death, or other damages to me, my son/daughter, 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 A Place For Me Mentoring 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 A Place for Me Mentoring to use any photographic image of my son/daughter taken while participating in the mentoring program and be used on our social media sites for viewing. (This excludes youth under the Foster System)

\_\_\_\_\_ I understand that any information that is shared is kept confidential. The only exceptions if there is a fear of hurting themselves and/or others, physical, emotion, or sexual abuse.

\_\_\_\_\_ I understand that A Place for Me Mentoring is not a licensed therapist organization. In the event A Place for Me Mentoring feels that there are certain situations beyond our control, we will assist in providing referrals. A Place for Me Mentoring is here to provide a positive atmosphere so that your son/daughter(s) can interact positively with other youth and gain the necessary skills that will focus on self love, self empowerment, and providing the tools necessary for them to become sufficient adults.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions. I also agree to be an active parent in the communication process between A Place for Me Mentoring staff including mentors.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date