



PATHS MENTORING PROGRAM

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

Personal Information

Youth's Name: _____ Date: _____

Parent/Guardian Name: _____

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

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Parent Email: _____ Child's email _____

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

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

Name of School: _____ Grade: _____

Emergency Contact Name: _____ Phone Number: _____

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. Briefly describe your expectations for the PATHS mentoring program:
3. Is your child available to meet with a mentor six hours per month and have contact at least once a week for a minimum of one year? Please explain any particular scheduling issues.
4. Is your child willing to attend training sessions after being matched?
5. Describe your child's school performance including grades, homework, attendance, behaviors, 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 (i.e., death in the family, abuse, divorce)? If yes, please provide details.

9. Have you ever had any indications that your adolescent may have been physically or sexually abused?

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

11. Do you have any religious preference?

12. Has your adolescent been raised in faith?

13. If your church has either social or educational programs, does your adolescent participate regularly?

14. Would you allow your student Program Coordinator and/or Mentor to take your child to a church service? Parent Initials _____

Medical History

Name of Primary Care Physician: _____ Phone No.: _____

Medical Insurance Provider: _____

Policy Number: _____ Phone No.: _____

IMMUNIZATION HISTORY

Please check whether your adolescent has been immunized.(I.e., received shots) for:

	Yes		Yes
Diphtheria	_____	Rubella	_____
Tetanus	_____	Mumps	_____
Whooping cough	_____	Small Pox	_____
Polio	_____	TB Skin Test	_____
Measles	_____		

* List any allergies your son/daughter may have:

Does your son/daughter have any physical problems or limitations?

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

Is he/she currently on any type of medication? Is so, please specify.

Does your son/daughter have any known allergies or adverse reactions to medications? If yes, please describe them below:

Does your son/daughter have any emotional issues or problems right now?

Is your son or daughter currently seeing a counselor or therapist?

Therapist's Name: _____

Please read this carefully before signing:

PATHS 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 PATHS 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 PATHS 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 PATHS/Pacific Camps staff or representatives while participating in the PATHS Mentoring Program, and that such transportation is voluntary and at his/her own risk.

_____ I release the PATHS/Pacific Camps 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 PATHS 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 PATHS to use any photographic image or video stream 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 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

PATHS MENTORING PROGRAM

Contact and Information Release

(To Be Completed by the Parent/Guardian)

Youth's Name: _____ Date: _____

School: _____

I hereby grant permission for PATHS Mentoring Program to make contact with my child and conduct a personal interview for the purposes of applying to be a mentee. PATHS 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 PATHS 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.

Parent/Guardian Signature

Date

Parent/Guardian Name: _____

Address _____ City _____ State _____ Zip _____

PATHS MENTORING PROGRAM

Mentee Interest Survey

(To Be Completed by Youth)

Please complete all the following. This survey will help PATHS Mentoring Program know more about you and your interests and help us find a good 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.

Interest Finder

Place a check next to each activity you enjoy, leaving the others blank. Indicate with a “P” if you participate in the listed activity and an “S” if you are a spectator.

Sports

_____ Baseball
_____ Football
_____ Basketball
_____ Soccer
_____ Hockey
_____ Golf
_____ Tennis
_____ Karate
_____ Bowling
_____ Gymnastics
_____ Volleyball
_____ Snow Skiing
_____ Water Skiing

Outdoor Activities

_____ Boating
_____ Swimming
_____ Fishing
_____ Camping
_____ Walking/Hiking
_____ Horseback riding
_____ Bike riding
_____ Kites
_____ Ping Pong
_____ Billiards
_____ Boogie Boarding
_____ Surfing
_____ Gardening
_____ Running

Hobbies

_____ Sewing
_____ Embroidery
_____ Painting
_____ Cooking
_____ Wood working
_____ Mechanics
_____ Movies
_____ Music
_____ Sculpturing
_____ Drawing
_____ Photography
_____ Models
_____ Crafts
_____ Computers

9. How do you think friends and family members would describe you?

10. How do you like school?

11. How well do you do in school?

12. Tell me about your friends.

13. Have you ever been arrested? If so, when and for what?

14. Do you currently use any alcohol, drugs or tobacco?

15. Do you have any questions about the program I can answer for you?

Interviewer Comments:

General Assessment Areas

Assessment Area	Good	Okay	Needs Help	Poor	Comments
Motivation for being in program					
Academic performance					
General health					
Hygiene habits					
Self-esteem					
Social skills					
Parental support					

Overall comments:

Recommendation

Recommendation To Approve: Yes: _____ No: _____

Reasons Why:

Approval

Approved: Yes: _____ No: _____

By: _____

By: _____

Date: _____

