



Mentee Application

(To Be Completed by the Parent/Guardian)

SECTION ONE: 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: _____
 Date of Birth: ___/___/___ Age: _____ Gender: Male | Female
 Ethnicity: White | Hispanic | African American | Asian | Other: _____
 Emergency Contact Name: _____ Phone Number: _____

Please list all members of your household.

Name	Sex	Age	Relationship to Applicant

SECTION TWO: 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 ImPower Movement Mentoring Program:

3. Is your child available to meet with a mentor four hours per month and have contact at least once a week for a minimum of six months? Please explain any potential scheduling issues.



4. Describe your child's school performance including grades, homework, attendance, behaviors, etc.?
5. Does your child have friends? Please describe his/her friendships.
6. Is your child currently having any problems either at home or school?
7. Has your child experienced any recent traumatic events (i.e., death in the family, abuse, divorce)?
If yes, please provide details.
8. Can you provide any additional background information that may be helpful to ImPower Movement, Inc in matching your child with an appropriate mentor?

SECTION THREE: Medical History

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

Medical Insurance Provider: _____

Policy Number: _____

Does your child have any physical problems or limitations?

Is your child currently receiving treatment for any medical issues?

Is your child currently on any type of medication? If so, please specify.

Does your child have any known allergies or adverse reactions to medications? If yes, please explain.

Does your child 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

ImPower Movement, Inc Mentoring Program appreciates you and your child’s interest in becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their child to participate in the ImPower Movement, Inc Mentoring Program.

After receiving this completed application from you, we will evaluate the information and send you an email 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 ImPower Movement 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 ImPower Movement 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 ImPower Movement 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 ImPower Movement 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.

I understand I must return all the following completed items along with this application, and that any incomplete information will result in the delay of this 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 Date

Official Use:		
Signature: _____	Title: _____	Date: _____