



MENTEE APPLICATION

Date ___/___/___

SECTION A: To be completed by the YOUTH

Your Name: _____ Age: _____ Grade: _____ Male or Female _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ School attending: _____

Parent/Guardian Names: _____

Personal information and interests

- 1) What would you like to be in life? _____
- 2) If I could change something about myself it would be to: _____

- 3) My favorite class in school is: _____
- 4) My least favorite and the one I need help in is: _____
- 5) I would like to learn about: _____
- 6) My best friends are: _____
- 7) If you could change something about your family, it would be? _____

- 8) A mentor is a person outside the family that is your friend and wants to help you succeed in whatever you choose to do. Why would you like to have an adult mentor? _____

- 9) This year I am going to try my best to: _____

- 10) The best thing that happened to me last year was: _____

- 11) If you could have anything what would it be? _____
- 12) If you could go anywhere where would it be? _____
- 13) Who is the most important person in your life at this time? _____
- 14) How do the other kids in school treat you? _____
- 15) Think of a best friend or parent. What is it you like about that person? _____

- 16) What do you like to do most in your free time? _____
- 17) What are your favorite TV shows? _____
- 18) Write down three words that best describe you: _____
- 19) Briefly describe your future education and/or career goals: _____

- 20) Are you a member of any clubs or organizations? Yes or No *(Please circle)*
 If yes, which one(s), and when do they meet? _____

Interest Checklist of Activities

Please check each of the following activities or hobbies you are interested in.

Sports		Ride Bikes		Water parks		Volunteer	
Art (Drawing, writing, singing, acting)		Miniature Golf		Bowling		Play an instrument	
Hiking		Movies		Ice cream/Frozen Yogurt		Roller Skating/Blading	
Swimming		Turtle Bay		Crafts		Other:	
Camping		Reading		Go to sports events		Other:	
Walking		Shopping		Board Games		Other:	
Fishing		Video Games		Exercising		Other:	

Sports

Please check each of the following sports you are interested in.

Baseball		Softball		Basketball		Soccer	
Football		Weight lifting		Tennis		Wrestling	
Track/Cross Country		Water polo		Cheerleading		Volleyball	
Disk Golf		Dance		Other:		Other:	

SECTION B: To be completed by the PARENT

Parents, Guardian, or Responsible Adult:

Name:(s) _____ Home Phone: _____
_____ Work Phone: _____
_____ Cell Phone: _____

Are you the: Parent ___ Foster parent ___ Legal Guardian___ Other _____

Address: _____

Referred by: _____ Phone: _____

Reason for referral: _____

Monthly Household income \$_____ Number of persons living in household? _____

Are you receiving any public assistance? Yes ___ No _____,

If yes, what kind? _____

Is there anything else you think we should know about your child?

Please return this application to Youth Options Mentoring

info@yoshasta.org
1700 Pine Street, Ste. 250
Redding, CA 96001
Office: (530) 244-7194
Fax: (530) 244-4150

Parent Permission

Youth Options Mentoring Program is dedicated to providing a positive adult role model in the lives of children and their families living in Shasta County. Trained and screened volunteers will act as mentors (tutors, big brothers, big sisters and friends) to youth who desire change in their lives.

In order to begin this program, we must have your permission. Please fill out the information section at the bottom of this notice and return it to us immediately. Only then can we start your child on this very worthwhile experience.

Hold Harmless Clause

I agree to save harmless the Executive Director, Program Coordinator, Case Managers, volunteers and Board Members of the Youth Violence Prevention Council (doing business as YOUTH OPTIONS SHASTA; I also agree to save harmless services of Shasta County, its elected officials, officers and employees; I also agree to save harmless any and all parents or other volunteers and any corporate or individual sponsors participating in Youth Options Mentoring Program, from all claims, suits or actions of every name, kind and description brought for, or an account of, injuries to, or death of any person, or damage to property resulting from the performance of any activity permitted or required by this agreement.

Parent, Guardian or Adult responsible for mentee:

*I have read, understand, and agree to give permission for my child, _____
to work with a Youth Options Mentor in the Mentoring
Program.*

Parent's Name Printed

Parent's Signature

Child's Name Printed

Child's Signature

Date