



**BUILDING BRIDGES MENTORING PROGRAM**

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

**Personal Information**

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Youth Social Sec. #: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

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

Relationship to Youth: Mother \_\_\_\_\_ Father \_\_\_\_\_ Other (specify): \_\_\_\_\_

Parent that is Incarcerated (if applicable): \_\_\_\_\_

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

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Other/Message phone: \_\_\_\_\_

Ethnicity: Native: \_\_\_\_\_ Specify Tribe/Pueblo \_\_\_\_\_ Hispanic: \_\_\_\_\_

African American: \_\_\_ Asian: \_\_\_ Other: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

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 Building Bridges Mentoring Program?
  
2. Briefly describe your expectations for the Building Bridges Mentoring Program:
  
3. Is your child available to meet with a Mentor four hours per month and have regular contact for a minimum of one year? Please explain any particular scheduling issues.
  
4. Is your child willing to attend an initial Mentee interview/orientation and monthly activities 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. Can you provide any additional background information that may be helpful to Building Bridges Mentoring in matching your son/daughter with an appropriate Mentor?

### **10. Information regarding Parent that is Incarcerated:**

Is child aware of parent's incarceration?

If so, does the child have any contact, such as visitation or correspondence, with the incarcerated parent?

Would you allow us to share this information with her/his Mentor?

**Medical History**

Name of Primary Care Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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:** *(Continued on next page)*

Building Bridges Mentoring Program appreciates you and your child's interest in his/her becoming a Mentee (Youth Participant). 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 Building Bridges Mentoring 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 Building Bridges 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 First Nations staff or representatives while participating in the Building Bridges Mentoring Program, and that such transportation is voluntary and at his/her own risk.

\_\_\_\_\_ I release the Building Bridges Mentoring Program/ First Nations Community HealthSource 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 Building Bridges 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.

\_\_\_\_\_ (*Optional*) I agree to allow First Nations Community HealthSource 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 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
- Request for School Records
- Consent for Evaluation Activities
- Inmate Data Form (if applicable)

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

Please return or mail this application and the items listed above to:

**Building Bridges Mentoring Program**  
***First Nations Community HealthSource***  
**5608 Zuni Road SE, Albuquerque, NM 87108**