

YOUTH MENTORING PROGRAM
First Nations Community HealthSource

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

Type of Mentoring Requested:

- One on One Only:
- Group Mentoring Only:
- Both One on One and Group Mentoring:

ELIGIBILITY DETERMINATION CHECKLIST

REQUIRED ELEMENT	MENTEE INFORMATION	CHECK IF MEETS REQUIREMENT
(1) Age must be between 5-18 years for Group Mentoring (2) Age must be between 6-18 years for One On One Mentoring	Age: _____	Group Mentoring <input type="checkbox"/> One on One Mentoring <input type="checkbox"/>
(3) Must meet one of the following conditions: <ul style="list-style-type: none"> • Failing one or more subjects in school • Part of the Juvenile Justice System • Come from a single parent • Family in financial need including receiving at least one of the following: TANF, SNAP, General Assistance, SSDI, SSI, Free/reduced lunches, Medicaid 	Identify Condition(s) Met: _____ _____	<input type="checkbox"/>

PERSONAL INFORMATION

Child's Name: _____ Date: _____

Parent/Guardian Name: _____

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

Street Address: _____

City: _____ State: ____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

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

Race/Ethnicity: Native American: ___ Hispanic: ___ African American: ___ White: ___
Asian: ___ Other: _____

Name of School: _____ Grade: _____

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 Youth 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 one year? Please explain any particular 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 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 for matching your son/daughter with an appropriate Mentor?

MEDICAL HISTORY

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

Medical Insurance Provider: _____

Policy Number: _____ Phone No.: _____

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

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

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

4. Does your son/daughter have any known allergies or adverse reactions to anything such as food, medications, etc? If yes, please describe them below:

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

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

Therapist's Name: _____

This application was completed by _____ **on** _____.

Name Date

Youth Mentoring Program
First Nations Community HealthSource

Consent, Release of Liability and Agreement to Participate

Please read this carefully before signing:

The Youth 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 son/daughter to participate in the Youth Mentoring Program.

Please initial each of the following:

_____ I give my informed consent and permission for my child to participate in the Youth 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 agree to support my child in this match by allowing him/her to meet with his/her Mentor at least four hours per month and have weekly contact with him/her for one year.

_____ I will support my child being on time for scheduled meetings or have him/her call the Mentor at least 24 hours beforehand if we are unable to make a meeting.

_____ I will agree to regularly communicate with the staff as needed.

_____ I will inform staff if I observe any difficulties or areas of concern that arise in the match relationship.

_____ I will notify staff if there are any changes with our phone number or address.

_____ I hereby acknowledge that my child will be transported by his/her Mentor and/or First Nations Community HealthSource staff while participating in the Youth Mentoring Program, and that such transportation is voluntary and at his/her own risk.

_____ I release the Youth 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 Youth 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 authorize the Youth Mentoring Program of FNCH and their representatives to secure any and all medical care required by my child in the event of an accident or sudden illness occurring during said activity. The Mentor will immediately notify me or my emergency contact should such events occur.

_____ (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 that upon a match closure, future contact between my child and his/her Mentor is beyond the scope of Youth Mentoring Program and that First Nations Community HealthSource is not responsible for any continuance in a relationship between the mentee, mentor and parent/legal guardian.

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

Emergency Contact if Parent/ Legal Guardian is not Available:

Contact Name/Relationship

Phone Number

Contact Name/Relationship

Phone Number

Medical Emergency Information:

Physician Name: _____

Phone: _____

Hospital Preference: _____

Location: _____

In case of a medical emergency, your child will be transported to the NEAREST hospital.

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

Staff Signature

Date

**Youth Mentoring Program
First Nations Community HealthSource**

Information for Parent/Guardian

What you can expect:

1. The Mentor will normally see your child on a consistent basis. The Mentor is expected to see your child at least four hours/month. S/He will work with you to establish a compatible schedule of visits.
2. The role of the mentor is to be a role model only. The relationship will not develop well if friends and family members want to go along.
3. The Mentor will not be involved in the discipline or punishment of your child. If behavioral problems arise that the Mentor cannot handle, the Mentor has been instructed to call the parents immediately, return the child home and a plan of action will be discussed between the Mentor and parent before the next visit is scheduled for the following week. Though a Mentor can help in some areas, it takes time. Change will more likely occur over a period of time after respect and communication have had ample time to develop.
4. Unless your budget allows otherwise, the Mentor is not responsible for the cost of outings, if any expense is involved. Our Mentors are encouraged to plan activities that are either free or do not involve a lot of spending.
5. Our program staff will be monitoring the match on a regular basis and are here to assist you. Be sure to let them know if you have questions or concerns.

Guidelines to follow:

1. Program staff will contact you once a month or as needed for the entire year or the duration of the match. These contacts are important for allowing us to monitor the match and ensure your child's needs are being met. If the staff is unable to reach you within the month, we will need to suspend the match until we hear back from you. If there is no contact for two months, we will be forced to end the match. You should speak with the program staff if you have questions.
2. Have your child ready and dressed appropriately for each outing at the time planned. You should also be home at the time of your child's return unless other arrangements have been made in writing from the parent/guardians and in advance with the Mentor to leave your child home alone if the child/children are at least twelve (12) years old or older.
3. Let the Mentor know as soon as possible if you need to cancel an outing. This is very important because our Mentor are volunteers to the program and their time is valuable. Any cancellation of an outing should be made as soon as you know and not at the time the outing is scheduled to occur, with the exception of an emergency or health concern.
4. Please do not deny visits with the Mentor as a way of punishment or consequence to your child. First, this is unfair to the Mentor who has set aside time for your child. Secondly, you could be depriving your child of something that is actually helping him/her.
5. Notify the staff if there is change of address, phone, or other circumstances affecting the match.
6. It is the policy of the program to prohibit the use of drugs, alcohol and firearms. Mentees and Mentors are not allowed to use drugs, alcohol or possess firearms while engaged in the mentoring relationship. Any suspected violations will result in immediate termination of the match relationship.
7. Keep in mind the role of the Mentor is to be a role model to your child. It is best that the parent not make requests outside the relationship between Mentor and Mentee. Examples: providing babysitting, transportation and financial responsibilities.

How you can help:

1. Remember that your support and cooperation is essential to the success of the match.
2. Encourage your child to call the Mentor. Most mentors appreciate phone calls from their mentees.
3. Remind your child to show appreciation for the Mentor/Mentee relationship. A simple thank you goes a long way.
4. Be available to discuss your child's match with the staff. If you cannot talk at work, arrange a special time each month when you call in or be reached.
5. Be knowledgeable of your child's match. Ask about outings and activities and how your child feels about his/her Mentor. Report any concerns to the program staff.

Signed on this date: _____ by _____

Parent/Legal Guardian

Staff Signature

Date

Mentee Interest Survey
First Nations Community HealthSource
 (To Be Completed by Youth and Parent/Legal Guardian)

This survey will help the Youth Mentoring Program know more about your child and his/her interests and help us find a good match for him/her.

1. What are the most convenient times for you to meet with your Mentor? Please check all that apply.

Weekdays: ____ Lunchtime: ____ After school: ____ Evenings: ____

Weekends: ____ If Other, please specify: _____

2. Do you speak any languages other than English? If so, which languages?

The following questions are for you and your child to complete:

3. What are some favorite things you like to do with other people?

4. What are your favorite subjects in school?

5. If you could learn about a job/career, what would it be?

6. What are your favorite subjects to read about?

7. What is one goal you have set for the future?

8. If you could learn something new, what would it be?

9. What person do you most admire and why?

10. Describe your ideal Saturday.

11. Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

12. List any other areas of special interest.

13. How would you describe yourself?

14. How would your family or friend describe you?

15. How do you like school?

16. How do you do in school?

17. Do you use drugs/alcohol? If yes, how often and how much?

18. Do you belong to a gang?

19. Have you ever been arrested? If so, what age and for what reason(s)?

20. Why do you want to be mentored?

Youth Mentoring Program
First Nations Community HealthSource
Mentoring Plan

Child's Name: _____

PLAN		Q1 Achievement Y=Yes N=No	Q2 Achievement Y=Yes N=No	Q3 Achievement Y=Yes N=No	Q4 Achievement Y=Yes N=No
To improve my grade in Reading/English	<input type="checkbox"/> No improvement <input type="checkbox"/> Half grade <input type="checkbox"/> Whole grade				
To improve my grade in Math	<input type="checkbox"/> No improvement <input type="checkbox"/> Half grade <input type="checkbox"/> Whole grade				
To improve my school attendance	<input type="checkbox"/> 0 Missed school days <input type="checkbox"/> 1-2 Missed school days <input type="checkbox"/> 3-5 Missed school days <input type="checkbox"/> 6-8 Missed school days <input type="checkbox"/> 9-10 Missed school days <input type="checkbox"/> Other:				
To decrease my alcohol/drug use	<input type="checkbox"/> No drug/alcohol use <input type="checkbox"/> Very little drug/alcohol use <input type="checkbox"/> Little drug/alcohol use <input type="checkbox"/> Moderate drug/alcohol use <input type="checkbox"/> Other:				
To decrease my gang involvement	<input type="checkbox"/> No gang involvement <input type="checkbox"/> Other:				
To improve how I feel about myself	<input type="checkbox"/> No improvement <input type="checkbox"/> A little improvement <input type="checkbox"/> Moderate improvement <input type="checkbox"/> Significant improvement <input type="checkbox"/> Other:				

**INSERT ROSENBERG FORM
INSERT STATE INCOME FORM**

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First Nations Community HealthSource**

Release of Liability

I, _____, am the parent/guardian of _____, a minor child. I hereby give
_____, a representative of FNCH, permission and authority to take my child on a variety of activities.

Including agency sponsored activities as mutually agreed upon by the parent and volunteer/Mentor. I further agree to save and hold harmless the staff of FNCH and their representatives from any liability or damage which may occur as a result of the aforementioned activities.

I further authorize the YMP of FNCH and their representatives to secure any and all medical care/treatment required by my child due to accident, sudden illness occurring while on said activity.

Signed on this date: _____

Parent/Legal Guardian Signature: _____

Staff Signature: _____