

Girls/Boyz First Mentoring Mentee Application



We are so glad that you want a mentor! Please answer these questions so we can try to match you with an awesome mentor. If you don't feel comfortable answering a question, it's okay to leave it blank. The more we know about you, the better we can match you with your mentor.

Child's Name _____ Birthdate _____ Sex _____

Address _____

Phone _____ E-Mail Address _____

School _____ Grade _____ Teacher _____

Parent/Guardian Name _____

Parent/Guardian Address(if different) _____

Emergency Contact & Phone: _____

Medical Information

Current medications _____

For what conditions _____

Doctor's name & phone number _____

Demographic Information (please circle):

Is any parent currently incarcerated in the state of Vermont or elsewhere? Yes No

Is your child receiving free or reduced lunches? Yes No

Now tell us all about you!

Favorite subjects and activities in school? Least favorite?

Afterschool activities, clubs, sports (include what you would like to do if you could)?

Hobbies or things you'd like to try?

What do you want to be when you grow up?

Why would you like to have a mentor?

I would describe myself as (or my friends would describe me as):

Talkative_____ Quiet_____ Friendly_____ Shy_____ Funny_____ Serious_____ Energetic _____

Other_____

I would like a mentor who is :

Talkative_____ Quiet_____ Friendly_____ Shy_____ Funny_____ Serious_____ Energetic _____

Other_____

When would you like to meet with your mentor? (check all that apply)

___ After school, days and times_____

___ Weekends, days and times_____

Is there anything else that is unique about you or good to know when matching?

For Parents:

What do you hope your child will get out of having a mentor?

Does your child require any specific social or emotional support? If so, please elaborate.

Anything else that would be helpful for us to know about your child:

Please return forms to:
Girls/Boyz First Mentoring
73 Main St #29
Montpelier, VT 05602

Girls/Boyz First Mentoring Interest Inventory



Name _____ Date _____

Girls First/Boyz First does its best to match mentors and their young partners by interests. Please take some time and answer this inventory carefully. Thank you.

Please place an X in front of any activities that you have any interest in trying, continuing or watching. Leave all others blank.

SPORTS

- Archery
- Baseball
- Basketball
- Boating
- Bowling
- Cross country skiing
- Downhill skiing
- Field Hockey
- Football
- Frisbee
- Golf
- Hockey
- Martial Arts
- Ping Pong
- Rowing
- Soccer
- Softball
- Tennis
- Track
- Wrestling
- Weight lifting
- Other:

OUTDOOR

- Bicycling
- Boating
- Camping
- Canoeing
- Animals
- Gardening
- Hiking
- Horseback riding
- Hunting
- Ice Fishing
- Ice skating
- Jogging/running
- Remote control cars
- Rock climbing
- Rollerblading
- Sightseeing
- Sledding
- Snowmobiling
- Swimming
- Walking
- Waterskiing
- Other:

INDOOR

- Board games
- Card games
- Crafts
- Computers
- Cooking
- Dancing
- Drawing
- Fashion
- Knitting
- Legos
- Museums
- Music
- Painting
- Plays/Theater
- Pottery
- Quilting
- Reading
- Sewing
- Singing
- Video games
- Woodworking
- Other:

Girls/Boyz First Mentoring Caregiver Permission & Media Release Form



Girls/Boyz First Mentoring is a program of Washington Central Friends of Education, a nonprofit that provides support and resources to central Vermont youth. I understand that Girls/Boyz First mentors receive ongoing support from the program director and that the individuals who serve as mentors in this program are volunteers and are not employed by Girls/Boyz First or by the Washington Central or Montpelier school districts. *All information shared will remain confidential.*

I, _____ (parent or legal guardian) give permission for my child _____ : **(Please check all that apply)**

- ___ to participate in activities with a mentor with Girls/Boyz First.
- ___ to ride in the car with their mentor as needed in order to participate in Girls/Boyz First activities
- ___ for their mentor to pick them up from school if an activity requires it
- ___ to be treated by medical staff in the event of a medical emergency

I also give permission to : ___ Montpelier Roxbury Public Schools (MRPS)
 ___ Washington Central Unified Union School District (WCUUSD)

to release academic and/or behavioral information to:

- ___ Girls/Boyz First Program Director
- ___ my child's teacher
- ___ guidance counselor
- ___ nurse
- ___ principal
- ___ other: _____

and authorize them to speak to my child's mentor and the Girls/Boyz First Program Director, about my child _____.

The information may include: (check what you **will allow** to be shared)

- ___ Grades
- ___ Special education records
- ___ Social/behavioral information
- ___ Health information
- ___ Homework information
- ___ Other: Please specify:

Media Release: I give permission for photographs, video, interviews and writing of my child to be used to promote and raise awareness for Girls/Boyz First Mentoring (examples of use include Girls/Boyz First website, social media, newsletter, flyers, press releases, grant reports, radio/TV). By signing below, I grant permission for images of my child taken during Girls/Boyz First activities to be used this way unless *No* is checked: Yes No

Parent/Guardian name, printed

Signature Date

Address: _____

Phone: _____

Email: _____

Email: _____

Girls/Boyz First Mentoring Medical Emergency Form



In the event of a medical emergency, I give my permission for medical staff to treat my child, _____.

Their primary physician is _____

Their insurance information is:

Insurance company _____

Group Number _____ Policy Number _____

Policy holder's name _____

Any allergies _____

Medications currently taking _____

I can be reached at the following numbers:

Home: _____ Work: _____ Cell: _____

Emergency Contacts:

Name, Phone & Relationship to Mentee _____

Name, Phone & Relationship to Mentee _____

Name, Phone & Relationship to Mentee _____

Name of Parent/Legal Guardian (please print) _____

Signature: _____ Date: _____