



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 cannot print out and mail this form to us, please contact the office to have one mailed to you. If you don't feel comfortable answering a question, it's okay to leave it blank.

Today's Date:

Child's Name _____ Birthdate: _____ Gender: _____

Address: _____

Phone: _____ Email 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! Fill this out with your child.

Favorite subjects and activities in school? Least favorite?

After School 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?

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:

Youth First Mentoring Interest Inventory

Name _____

Date _____

Youth First Mentoring does its best to match mentors and mentees by shared interests. Please take some time to complete this inventory carefully. Thank you.

Put a checkmark or "X" next to all the activities that you like to do or would like to try. You can "star" the ones you really, really want to do.

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
- Cards games
- Crafts
- Computers
- Cooking
- Dancing
- Drawing
- Fashion
- Knitting
- Legos
- Museums
- Music
- Painting
- Plays/Theater
- Pottery
- Quilting
- Reading
- Sewing
- Singing
- Tinkering/building
- Woodworking

Other:

Youth First Mentoring Caregiver Permission & Media Release Form

Youth 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 Youth 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 Youth First Mentoring 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 Youth First Mentoring.

_____ to ride in the car with their mentor as needed to participate in Youth First Mentoring 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:

_____ my child's teacher

_____ principal

_____ guidance counselor

_____ other: _____

_____ school nurse

and authorize them to speak to my child's mentor and the Youth First Program Director about my child.

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

_____ Grades

_____ Homework information

_____ Special education records

_____ Other: Please specify:

_____ Social/behavioral information

_____ Health information

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

Parent/Guardian name, printed clearly

Signature

Date

Address: _____

Phone: _____

Email: _____

Youth First Mentoring Medical Emergency Form

In the event of a medical emergency, I give my permission for medical staff to treat my child, _____ (child's full legal name).

Their primary physician is: _____

Their insurance information is:

Insurance company _____

Group Number _____ Policy Number _____

Policy holder's name _____

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 clearly) _____

Signature: _____ Date: _____