



Mentee Application



When young people are connected to caring adults, communities do well."

- Mark Edwards, Executive Director, Opportunity Nation

Thank you for your interest in becoming a Mentee through Impact Mentoring. Please set aside 10-15 minutes to complete our application. Once your application is complete, a mentor coordinator will review and contact you for your next steps in becoming a mentee.

Section 1: Basic Information

Name of Student

Student Date of Birth

Student Gender

School Student Attends

Student Grade

Section 2: Family Information

Primary Parent/Guardian Name

Phone Number

Email

Address

Demographic Information

This section is optional and for background information only. We are a Christian nonprofit, which means all of our volunteers and employees hold a common faith. However, all of our services are offered to anyone, no strings attached, regardless of race, ethnicity, gender, sexual preference, religion, socioeconomic status, or national origin.

Ethnicity

- | | | |
|---|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> American Indian/Native American | |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Multiracial | <input type="checkbox"/> Not Answered | |

Primary Religion

- | | | |
|---|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Atheist/Agnostic | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Catholic |
| <input type="checkbox"/> Christian/Evangelical/Protestant | <input type="checkbox"/> Hindu | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Mormon | <input type="checkbox"/> Nonreligious |
| <input type="checkbox"/> Other | | |

Church Membership (if applicable)

Family Household Income

- | | | |
|--|--|--|
| <input type="checkbox"/> <\$10,000 | <input type="checkbox"/> \$10,000-\$24,999 | <input type="checkbox"/> \$25,000-\$49,999 |
| <input type="checkbox"/> \$50,000-\$74,999 | <input type="checkbox"/> \$75,000-\$99,999 | <input type="checkbox"/> Over \$100,000 |

Student Participates in Free/Reduced Lunch

- Yes No Unknown

Household Size (number of people living in household)

Family Structure

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Single-Parent Family | <input type="checkbox"/> Guardian | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> 2 Parent Family | <input type="checkbox"/> Group Home | <input type="checkbox"/> Kinship Care (non-parent) |
| <input type="checkbox"/> Other | | |

Who does this student live with (i.e. mom, dad, grandparents, etc.)?

Are there any custodial situations we should be aware of? If so, please explain.

Section 3: Medical Information

Medical Conditions (Check all that apply)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Other _____ | |
-

List All Allergies

Physical Restrictions for Medical Reasons

Swimming Ability (Mark only one box.)

- Non-swimmer Weak Medium Strong

Section 4: Special Challenges

Please help us get to know the student and prepare our mentors to meet any special needs.

Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Academic/School | <input type="checkbox"/> Academic/School: Attendance |
| <input type="checkbox"/> Academic/School: Grades/Performance | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Attitude | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Behavior: Attention Deficit/Hyperactivity | <input type="checkbox"/> Behavior: Other |
| <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Delinquency |
| <input type="checkbox"/> Isolation/lack of support | <input type="checkbox"/> Self Control |
| <input type="checkbox"/> Social Skills | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Personal: Confidence |
| <input type="checkbox"/> Personal: Self-esteem | <input type="checkbox"/> Other |

Description of Challenges

Mentee From a Home with a History of: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Emotional Abuse | <input type="checkbox"/> Physical Abuse |
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Substance Abuse |

Special Populations (Check all that apply.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Adjudicated/court involved | <input type="checkbox"/> Gang at-risk | <input type="checkbox"/> Gifted and talented |
| <input type="checkbox"/> Incarcerated parent | <input type="checkbox"/> Military parent | <input type="checkbox"/> Runaway/homeless |
| <input type="checkbox"/> Youth with disabilities | <input type="checkbox"/> 1st generation college | <input type="checkbox"/> LGBT youth |
| <input type="checkbox"/> Low income | <input type="checkbox"/> Physical disabilities | <input type="checkbox"/> School dropout |
| <input type="checkbox"/> Foster care | <input type="checkbox"/> General youth population | <input type="checkbox"/> Immigrant |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Pregnant/parenting | <input type="checkbox"/> Special education |

Has the student participated in professional counseling? If so, please list the start and ending dates.

Are there any concerns that we should know about regarding your child at home or school?

Has your child experienced any difficult circumstances?

Section 5: Mentee Personality

Help us get to know your student well and make a great mentor match.

Student Interests (Check all that apply).

- | | | |
|--|--|---|
| <input type="checkbox"/> Arts/crafts | <input type="checkbox"/> Board games | <input type="checkbox"/> Cooking/baking |
| <input type="checkbox"/> Computer/video games | <input type="checkbox"/> Concerts | <input type="checkbox"/> Theater |
| <input type="checkbox"/> Fashion | <input type="checkbox"/> Listening to music | <input type="checkbox"/> Outdoor Activities |
| <input type="checkbox"/> Outdoor Activities: Biking | <input type="checkbox"/> Outdoor Activities: Fishing/hunting | |
| <input type="checkbox"/> Outdoor Activities: Hiking | <input type="checkbox"/> Outdoor Activities: Rollerblading/skateboarding | |
| <input type="checkbox"/> Outdoor Activities: Skiing/snowboarding | <input type="checkbox"/> Pets | |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Sports | <input type="checkbox"/> Playing Baseball |
| <input type="checkbox"/> Playing Basketball | <input type="checkbox"/> Playing Football | <input type="checkbox"/> Playing Golf |
| <input type="checkbox"/> Playing Hockey | <input type="checkbox"/> Playing Lacrosse | <input type="checkbox"/> Playing Soccer |
| <input type="checkbox"/> Playing Tennis | <input type="checkbox"/> Playing Other Sports | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Wrestling | <input type="checkbox"/> Eating Out | <input type="checkbox"/> Puzzles/riddles |
| <input type="checkbox"/> Watching Sports | <input type="checkbox"/> Travel | <input type="checkbox"/> TV |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Playing an instrument | |
| <input type="checkbox"/> Other: _____ | | |

Are there particular expectations you have for a mentor spending time with your child?

What would you like your child to gain from a mentor?

In what ways do you feel we can best help your child in the area of spiritual growth?

List special interests or activities your child enjoys.

What are some of your child's favorite things to do with other people?

What are your child's favorite subjects in school?

Who are your child's favorite people to spend time with and why?

Have your child describe his/her idea of a super FUN day:

What words describe your child's personality? (Circle all that apply. Choose as many as you want!)

Shy	Outgoing	Quiet	Busy	Energetic
Loud	Thoughtful	Imaginative	Goofy	
Determined	Easy-going	Hard working	Detail-oriented	

Can you provide any other information that may be helpful in matching your child with a mentor?

Section 6: Emergency Information

Primary Emergency Contact (PEC) Name and Relationship

PEC Phone Number

Secondary Emergency Contact (SEC) Name and Relationship

SEC Phone

Name of Physician

Health Insurance Company & Number

Additional Important Medical Information

Prescription Medication and Current Dosage

List the first and last name of all the people authorized to pick up your child:

List any people who are NOT authorized to pick up your child:

Section 7: Release and Affirmations

I hereby give consent for the release of any and all school records pertaining to my child, which may be pertinent to the improvement of academic skills, to a representative of Impact Mentoring.

Yes No

In order to maintain quality services for your child, Impact staff and/or the child's mentor may need to have contact with your child's teacher and/or school staff. I authorize the school to release any information on my child to mentors or staff.

Yes No

I understand that mentors are committing to a minimum of 4 points of contact a month (2 in person), for 1 year. I too commit to this relationship for that period.

Yes No

I understand Impact Mentoring will do everything possible to oversee the mentoring relationship in order to provide safety for students. I will assist in communicating with Impact Mentoring staff about the relationship.

Yes No

I give permission for Impact Pendleton to use photographs taken during mentoring activities for any legal use, including, but not limited to: publicity, copyright purposes, illustration, advertising, and web content. I understand no compensation will be payable to me.

Yes No

I request this mentoring relationship and release Impact Mentoring staff & volunteers of liability.

Yes No

Date and Signature of Parent/Guardian
