



# Mentee Application

(Application to be completed by legal parent or guardian)

Please complete and return all the following forms:

1. Mentee Application (this page)
2. Application Questions (page 2)
3. Medical History Form (page 3)
4. Parent / Guardian Consent Form (page 4)
5. Mentee Interest Survey (page 5)

Please return via fax, email or US mail as indicated below.

Attention: Jordan Foltz, Journeyman

Email: [Journeymanasheville@gmail.com](mailto:Journeymanasheville@gmail.com)

Fax: 828.539.4082

Mail: PO Box 7125, Asheville, NC 28802

## Youth/Mentee Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current School \_\_\_\_\_ Grade \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Ethnicity:  White  Hispanic  African American  Native American  Asian  Other: \_\_\_\_\_

## Parent or Legal Guardian Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_ Parent or Guardian Cell \_\_\_\_\_

Parent or Guardian Email address \_\_\_\_\_

Preferred Method of Contact for updates: (check more than one if applicable)

Email

Text

Phone

### For Internal Use Only:

Forms check    Date Received \_\_\_\_\_    Intake Date: \_\_\_\_\_    Active Date: \_\_\_\_\_



## Application Questions

(To be completed by legal parent or guardian)

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 Journeyman Mentoring Program:
3. Is your child available to meet with the group 4 hours per month and have contact with a mentor 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 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 to Journeyman in matching your son with an appropriate mentor?



## Medical History Form

Name of Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_

1. Does your son have any physical problems or limitations?
  
  
  
  
  
  
  
  
  
  
2. Is your son currently receiving treatment for any medical issues?
  
  
  
  
  
  
  
  
  
  
3. Is he currently on any type of medication? If so, please specify.
  
  
  
  
  
  
  
  
  
  
4. Does your son have any known allergies or adverse reactions to medications? If yes, please describe them below:
  
  
  
  
  
  
  
  
  
  
5. Does your son have any emotional issues or problems right now?
  
  
  
  
  
  
  
  
  
  
6. Is your son currently seeing a counselor or therapist?                      Yes                      No

Therapist's Name: \_\_\_\_\_

Therapist's Agency (if applicable): \_\_\_\_\_



## Parent / Guardian Consent Form

Please read this carefully before signing

Journeyman 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 or ward to participate in the Journeyman mentoring program.

Please initial each of the following:

\_\_\_\_\_ I give my informed consent and permission for my child to participate in the Journeyman Mentoring Program and its related activities including the semi-monthly in-groups groups as well as out-groups as scheduled.

\_\_\_\_\_ 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 acknowledge that my child may be transported by his mentor and/or Journeyman staff or representatives while participating in the Journeyman program, and that such transportation is voluntary and at his own risk.

\_\_\_\_\_ I release the Journeyman Mentoring Program of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his participation in the program, including but not limited to transportation, and hold harmless any Journeyman 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 agree to allow Journeyman 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.

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 Print Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## Mentee Interest Survey (To be completed by youth)

Please complete all of the following. This survey will help Journeyman mentoring program know more about you and your interests.

What are the most convenient times for you to meet with a mentor? Please check all that apply.

Weekdays     Lunchtime     After School     Evenings     Weekends    Other: \_\_\_\_\_

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

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

3. What are your favorite subjects in school?

4. What if you could learn about a job or a career, what would it be?

5. What are your favorite subjects to read about?

6. What is one goal you have set for your future?

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

8. What person do you most admire and why?

9. Describe your ideal Saturday: