

# Children's Friend and Family Services Youth Mentoring Program

## Mentee Application Form

Please return this form via mail, email, or fax

To Attn: Samantha Alves, Director of Youth Mentoring  
Children's Friends and Family Services 110 Boston St, Salem MA 01930  
Fax 978 740 9145 Email: [salves@childrensfriend.net](mailto:salves@childrensfriend.net)

### MENTEE APPLICANT Information:

Name \_\_\_\_\_ Nickname \_\_\_\_\_

First Last

Home Address: \_\_\_\_\_ Mentee Email \_\_\_\_\_

Street City State Zip

Gender Identity (Check one): Male \_\_\_ Female \_\_\_ Other \_\_\_

Language Spoken In the Home \_\_\_\_\_ Secondary Language \_\_\_\_\_

Date of Birth \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Who does mentee live with? Please provide names, ages, and relationship.

\_\_\_\_\_

\_\_\_\_\_

Does youth have a therapist? (Check one): No \_\_\_ Yes \_\_\_ Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

PCP Address and Phone: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Insurance #: \_\_\_\_\_

Is mentee on any medication? If so, please list: \_\_\_\_\_

Does mentee have any allergies? If so, please list: \_\_\_\_\_

Does mentee have any fears/Phobias (dogs, heights, water, etc)? \_\_\_\_\_

Does child have a history of homelessness? If yes, how recently? \_\_\_\_\_

Does mentee have a history of abuse/trauma? If so, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Parent/Guardian Information:

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Language Spoken In the Home \_\_\_\_\_ Secondary Language \_\_\_\_\_

Maintains (please circle one) full / legal / physical custody of child. Relationship To Child \_\_\_\_\_

Address: \_\_\_\_\_

Street City State

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Referral Source Information:

Date of Referral \_\_\_\_\_

Name \_\_\_\_\_ Relationship To Child \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

If referral source is not parent/guardian, name of affiliate organization \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/ Guardian has given consent for referral (Check one): In Person \_\_\_ Over the Phone: \_\_\_ Email: \_\_\_\_\_

**Mentee Interests :**

*\*Youth may choose complete during intake with program staff, does not need to be completed at initial referral\**

**General Activities** Place an X next to the activities you would like to try or that you already know that you enjoy.

**Sports:**

- \_\_\_ Football
- \_\_\_ Baseball / Softball
- \_\_\_ Basketball
- \_\_\_ Hockey
- \_\_\_ Lacrosse
- \_\_\_ Soccer
- \_\_\_ Tennis
- \_\_\_ Golf (regular/mini)
- \_\_\_ Bowling
- \_\_\_ Swimming
- \_\_\_ Karate
- \_\_\_ Rollerblading
- \_\_\_ Ice Skating
- \_\_\_ Pool / Ping Pong
- \_\_\_ Sledding
- \_\_\_ Snow shoeing
- \_\_\_ Other

**Arts and Crafts**

- \_\_\_ General Crafts
- \_\_\_ Drawing / Coloring
- \_\_\_ Fashion/fashion design
- \_\_\_ Writing/Poetry
- \_\_\_ Painting
- \_\_\_ Carving / Woodworking
- \_\_\_ Sewing / Quilting
- \_\_\_ Crocheting / Knitting
- \_\_\_ Photography
- \_\_\_ Designing jewelry

**Recreation and Entertainment**

- \_\_\_ Go to the YMCA
- \_\_\_ Running
- \_\_\_ Hike / Walk
- \_\_\_ Fish
- \_\_\_ Cook / Bake
- \_\_\_ Play a Musical Instrument
- \_\_\_ Shop
- \_\_\_ Kayak/Canoe/Paddle Board
- \_\_\_ Video Games/Arcades
- \_\_\_ Ride Bikes
- \_\_\_ Go to the movies
- \_\_\_ Visit museums
- \_\_\_ Act in Plays/Theatre
- \_\_\_ See a concert
- \_\_\_ Dance / Sing
- \_\_\_ Read
- \_\_\_ Play Cards
- \_\_\_ Play Board Games

**Science/Technology**

- \_\_\_ Enjoy nature
- \_\_\_ Enjoy animals
- \_\_\_ Garden
- \_\_\_ Legos / Building games
- \_\_\_ Looking at stars / planets
- \_\_\_ Computer design / Coding
- \_\_\_ Taking things a part / learning how things are made
- \_\_\_ Learning about green energy / environmental engineering

*Of the choices you have checked,  
please list below the top 5 things  
you like to do:*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

*Other interests I have that are not  
listed include:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Getting to know you questions:**

What is one thing that you are very good at \_\_\_\_\_

What is one thing that you would really like to get better at \_\_\_\_\_

If you could travel anywhere in the world, where would you go? \_\_\_\_\_

What is your favorite subject to learn in school \_\_\_\_\_

What is your least favorite subject to learn in school \_\_\_\_\_

What are some of your favorite foods \_\_\_\_\_

What is your favorite TV show or movie ? \_\_\_\_\_

What are your favorite books? \_\_\_\_\_

How would your friends describe you? \_\_\_\_\_

What would you like to learn more about or become better at with the help of a mentor?

\_\_\_\_\_

\_\_\_\_\_

**Demographic Information**

The mentoring programs are asked by private and public grant funders to compile the following information on each new **participant**. This information will be kept confidential.

Gender Identity: Male  Female  Other  Disabled? Yes  No

ADD? / ADHD Yes  No  Benefits from an IEP? Yes  No

BEHAVIORAL/MENTAL HEALTH CHALLENGES? \_\_\_\_\_  
HEALTH CHALLENGES? \_\_\_\_\_

Child living situation:

- Two Parent
- Single Parent
- Grandparents
- Kinship care (outside of biological parents and grandparents)
- Foster Care
- Residential Home
- Other \_\_\_\_\_

Race: Check all that apply –

- American Indian / Alaskan Native
- Asian
- Black / African American (not of Hispanic origin)
- Hispanic or Latino
- Native Hawaiian / Other Pacific Islander
- Middle Eastern
- South Asian
- White (not of Hispanic origin)
- Other, please specify: \_\_\_\_\_

Receiving Transitional Financial Assistance or SNAP Benefits: Yes  No

Annual Family Income	
Number of persons in the household:	
Yearly Income	Please Circle One
11,170	Over Under
15,130	Over Under
19,090	Over Under
23,050	Over Under
27,010	Over Under
30,970	Over Under
34,930	Over Under
38,890	Over Under

What days of the week is mentee available to participate? (check all that apply):

\_\_\_\_Monday \_\_\_\_Tuesday \_\_\_\_ Wednesday \_\_\_\_Thursday \_\_\_\_Friday \_\_\_\_Saturday \_\_\_\_Sunday

**Parental Permission to Have a Mentor**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, give permission for him/her to participate in the Children’s Friend and Family Services Youth Mentoring Program. I have met with the Director of the Program to discuss my child’s participation. I understand that the people who serve as mentors in the Program are adult volunteers from the community who have been carefully screened by the organization. The meetings between my child and his/her mentor will take place out in the community with my approval. I also understand that these meetings will be monitored and evaluated by the Director of the Program. If the Director finds there are any existing circumstances that require my knowledge, s/he will inform me immediately. Any additional contacts between the mentor and my child must be scheduled in advance and be approved by me. I reserve the right to withdraw my child from the program at any time.

\_\_\_\_\_

\_\_\_\_\_

(Parent/Guardian)

(Date)