



**Your Interests:**

1. What are your hobbies and interests?

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2. Do you participate in any extracurricular activities outside of school (e.g., Boy/Girl Scouts, youth programs)? If yes, explain:

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3. What is your career goal or what types of careers interest you?

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4. Do you plan on attending college after you graduate? Yes No

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

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**Favorites:**

What is your favorite:

Food \_\_\_\_\_

Color \_\_\_\_\_

Book \_\_\_\_\_

Movie \_\_\_\_\_

Music Group \_\_\_\_\_

Song \_\_\_\_\_

Person \_\_\_\_\_

**Match Information:**

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

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What is the best time for you to participate? (check all that apply):

Mornings Afternoons Evenings Weekends

What three words that best describe you?

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

\_\_\_\_\_  
Date

## Parent/Guardian Information and Consent

Please read and sign the following to indicate your consent for your son/daughter to participate in The *S.K.Y.* Mentoring Program.

After we receive your completed application, we evaluate the information provided and let you know whether your child has been accepted into the program. The information you provide will be used to match your child with an appropriate mentor. Therefore, we may need, at times, to share some information about your child with prospective mentors or other parties in the best interest of the match. However, we initially reveal only anonymous information (no names) about each party until there is interest from the mentee, parent/guardian, and mentor.

Please initial and date each of the following:

\_\_\_\_\_ I give my informed consent and permission for my child to participate in the *S.K.Y.* Mentoring Program and its related activities.

\_\_\_\_\_ 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 agree to allow The *S.K.Y.* to use photographic images of my child taken while participating in mentoring program. These images may be used in promotions or other related marketing materials. (optional)

\_\_\_\_\_ I release The *S.K.Y.* Mentoring Program of all liability of injury, death, or other damages to me, my child, family, estate, or heirs that result from his/her participation in the program, including but not limited to transportation and hold harmless any *S.K.Y.* 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 understand that I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my child's application being processed:

- Contact and Information Release Form (attached)
- Interest Survey Form (attached)

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 Signature

\_\_\_\_\_  
Date

## Mentee Medical History

Please provide **all** the following information. If more space is needed, use an extra sheet of paper or write on the back of this page.

Primary Care Physician: \_\_\_\_\_ Phone No. \_\_\_\_\_

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

Policy No.: \_\_\_\_\_ Insurance Provider Phone No.: \_\_\_\_\_

1. Does your son/daughter have any physical problems or limitations? If so, describe them.

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2. Is your son/daughter currently receiving treatment for any medical or other challenges?

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3. Is he/she currently on any type of medication? If so, please specify.

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4. Does your son/daughter have any known allergies or adverse reactions to medications? If yes, please describe them below.

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5. Are there any other medical challenges or limitations that we need to know about? If so, please describe them.

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

\_\_\_\_\_  
Date

## Parent/Guardian Application Questions

Please answer all 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 (or your child) want to participate in a mentoring program?
2. Is your child currently having any problems either at home or school? If so, please provide information that may be helpful for us to know as we work with your child.
3. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide information you consider appropriate.
4. Can you provide any additional background information that may be helpful to the *S.K.Y.* Mentoring Program when matching your son/daughter with an appropriate mentor?

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Parent/Guardian Signature

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Date

## Mentee Interest Survey

(To be completed by youth)

Please complete all the following. This survey will help The *S.K.Y.* Mentoring know more about you and your interests and help us find a good match for you.

Student Name: \_\_\_\_\_

What are the most convenient times for you to meet with your 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. If you could learn about a job/career, what would it be?
5. What are your favorite subjects to read about?
6. What is one goal you have set for the 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.

Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas of special interest

# Contact and Information Release

(To be completed by Parent or Guardian)

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

I hereby grant permission to the *S.K.Y.* Mentoring Program to make contact with my child and conduct a personal interview for purposes of applying to be a mentee. The *S.K.Y.* may also make contact with my child on school premises for purpose of screening and interviewing as well as ongoing support of his/her participation in the mentoring program.

I authorize The *S.K.Y.* to obtain any needed information regarding my child from his or her school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff.

Further, I understand that basic information about my child will anonymously (without names) be shared with a prospective mentor(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my and my child's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

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

\_\_\_\_\_  
Date

