



YOUTH INTAKE & PARTICIPANT INFORMATION

This form helps Gen8 mentors understand each participant's strengths, goals, support needs, and safety information. Information should be handled confidentially and used only for appropriate program participation and support.

PARTICIPANT & PARENT INFORMATION

Participant full name	Preferred name
Date of birth / Age	School / Grade
Youth phone	Youth email
Home address	Parent/guardian name
Parent phone	Parent email
Secondary parent/guardian	Secondary phone/email
Emergency contact / relationship	Emergency phone

GETTING TO KNOW YOU

What made you or your family interested in Gen8?

Interests, hobbies, sports, or activities:

What are you good at or proud of?

Anything you would like to get better at or work on?

GOALS & SUPPORT

What would you like to get out of Gen8? Check any that apply.

- | | | |
|---|---|--|
| ☐ Confidence / self-esteem | ☐ Positive friendships | ☐ Positive male role models |
| ☐ School motivation | ☐ Sports / physical activity | ☐ Leadership |
| ☐ Managing emotions | ☐ Communication | ☐ Family relationships |
| ☐ Making better choices | ☐ Faith / spirituality | ☐ Healthy habits / wellness |
| ☐ Career / future planning | ☐ Community involvement | ☐ Other: _____ |

Specific goals you would like mentors to help you work toward:

BACKGROUND & WELL-BEING

Share only information relevant to the participant's safety, participation, or mentoring needs.

Any current concerns Gen8 mentors should be aware of?

Any significant challenges or life changes that may affect participation? Examples: grief, bullying, family changes, or school difficulties.

Has the participant received support for mental health, emotional well-being, behaviour, or learning needs? ☐ No ☐ Yes ☐ Prefer not to answer
If yes, anything mentors should know to support them safely and appropriately?

Diagnoses, learning differences, developmental needs, behavioural concerns, or accommodations helpful for mentors to understand:

Known triggers or situations that may cause significant stress, anxiety, anger, or discomfort:

What usually helps when the participant is upset, overwhelmed, frustrated, or having a difficult day?

HEALTH & SAFETY

Allergies / food allergies / dietary restrictions: ☐ None

Medical conditions relevant to safe participation: ☐ None

Medication mentors may need to know about in an emergency: ☐ None

Physical limitations, injuries, or restrictions related to sports/activity: ☐ None

SCHOOL, SOCIAL & PARENT PERSPECTIVE

Current school experience: ☐ Very positive ☐ Mostly positive ☐ Some challenges ☐ Significant challenges ☐ Prefer not to answer

Concerns involving attendance, behaviour, bullying, academics, or peer relationships:

Positive adults/mentors the participant feels comfortable talking to? ☐ Yes ☐ No ☐ Unsure

Parent/guardian: What do you see as this young person's greatest strengths?

Where could they use additional encouragement, guidance, or support?

Anything happening in their life right now that mentors should be sensitive to?

What would make Gen8 a positive experience for your child?

PARTICIPANT VOICE

If you could change or improve one thing in your life right now, what would it be?

What is something you want the Gen8 mentors to know about you?

Is there something you want help with but find difficult to talk about? ☐ No ☐ Maybe ☐ Yes

You can write it here if you would like:

COMMUNICATION & ADDITIONAL INFORMATION

Best parent/guardian contact: ☐ Phone ☐ Text ☐ Email

May Gen8 mentors communicate directly with the participant about meetings, activities, reminders, and mentoring? ☐ Yes ☐ No

If yes: ☐ Text ☐ Phone ☐ Email ☐ Group messaging platform

Anything else you would like us to know?

ACKNOWLEDGEMENT

I confirm the information provided is accurate to the best of my knowledge. I understand Gen8 is a youth mentorship and community program and is not a substitute for professional medical, psychological, counselling, or crisis services. Information may need to be shared with appropriate individuals or authorities where required for participant or public safety, or where required by law.

Parent/guardian name

Date

Participant signature

Signature

Participant name

Date