



**Mentor Program**  
**MENTEE Application**

Dear Parent or Guardian:

You play a very important role in the success of the mentor relationship. Please complete the following questions to help us successfully match your child.

Match Date: \_\_\_\_\_ Mentor: \_\_\_\_\_

Name of Child/Youth \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Address: (Physical) \_\_\_\_\_

(Mailing) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: M F

Ethnicity: Native American \_\_\_\_\_ African American \_\_\_\_\_ Latino/Hispanic \_\_\_\_\_  
Pacific Islander \_\_\_\_\_ Caucasian \_\_\_\_\_ Other \_\_\_\_\_ *please specify*

Is the Child/Youth a Child of a Veteran: \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Parent/Guardian: \_\_\_\_\_

Describe your child's personality: \_\_\_\_\_

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Has your child received services from Tahoe Youth & Family Services in the past? If yes, please explain:

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Describe your idea of a mentor that would best suit your child: \_\_\_\_\_

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Would you have a concern regarding the ethnicity or sexual orientation of a mentor? If yes, please explain \_\_\_\_\_

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What do you hope your child will gain from having a mentor?

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Do you have any concerns about your child having a mentor? If yes, please explain. \_\_\_\_\_

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Are there any circumstances or areas of concern that should be considered when matching your child with a mentor? If yes, please explain. \_\_\_\_\_

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T A H O E  
**YOUTH & FAMILY**  
S E R V I C E S  
A SAFETY NET OF SERVICES FOR YOUTH AND FAMILIES

**TAHOE MENTOR PROGRAM  
Parent and Child Consent Form**

The Tahoe Mentor Program will provide a trained mentor who will give special attention and support to your child. We are asking for your consent to allow your child to participate in the program.

Child's Name: \_\_\_\_\_ ( ) May ( ) May not  
(check one)

Participate in the Tahoe Mentor Program.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Parent/Guardian (please print): \_\_\_\_\_

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(Below is youth portion to sign)

I, \_\_\_\_\_ ( ) Agree ( ) Do not agree  
(check one)

to participate in the Tahoe Mentor Program.

Date: \_\_\_\_\_ Signature of Youth: \_\_\_\_\_

Please list a friend or relative's name and phone number (someone who will always know where to reach you):

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

Phone Number: \_\_\_\_\_



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## Mentor Program

### *Participant Waiver and Release for Minors*

\_\_\_\_\_ has my (our) permission to participate in  
 Name of Minor

Tahoe Youth & Family Services Mentoring Program activities. I understand and acknowledge that some activities pose risks to \_\_\_\_\_ (son / daughter), including the risk of broken bones, fractured bones, head injuries, minor scrapes and bruises, property damage, collision with another participant, disability and serious injury or death. I (we), as parent(s) or guardian(s) of the minor, do hereby, give my son, daughter, myself, my heirs, executors and administrators, release and forever discharge Tahoe Youth & Family Services and all officers, directors, employees, agents and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the minor's participation in the above noted event. I hereby certify that the minor is my \_\_\_\_\_ (son / daughter), and that his/her date of birth is \_\_\_\_\_, and I do hereby certify that to the best of my knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I hereby advise that the above named minor has had all the following allergies, medicine reactions or unusual physical conditions which should be made known to a treating physician: ***(If none, please write the word "none".)***

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Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_



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## Photograph Release

### Part I

I hereby authorize Tahoe Youth & Family Services to photograph me.

Print name: \_\_\_\_\_

Sign name: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Part II

I also authorize Tahoe Youth & Family Services to use the photographs in their newsletter, website, advertisements, annual reports and Facebook page as well as other agency publications.

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



T A H O E  
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Dear Parent or Guardian:

Tahoe Youth & Family Services continually strives to improve the mentoring program and periodically asks to survey youth about their mentoring experiences and behaviors, skills, and attitudes using Tahoe Youth & Family Services Youth Development Outcome Assessment. These surveys will be conducted at the beginning and end of the mentoring relationship. We will use the results of this survey to learn more about the needs and interests of our youth and improve our program for them.

Young people's responses to the survey questions are confidential (no one will know their answers) and anonymous (no one will know your child's name). Your child's participation in these surveys is completely voluntary. If you give your permission, we will ask your child if he or she is willing to answer the survey. Your child may opt to answer the survey or not, or answer some questions, but not others. Also, if at any time you decide you do not want your child to participate in these surveys, you may contact us and we will take him or her out of the survey group. Participating or not participating in the surveys will not affect your child's participation in the mentoring program in any way.

If you agree that your child may participate in these surveys, you do not need to do anything with this form.

If you have any questions about the surveys or would like to receive a copy of the surveys, please contact:

### **Tahoe Youth & Family Services**

**Gardnerville/Minden**  
1512 US HWY 395, # 3  
Gardnerville, NV 89410  
Phone: (775) 782-4202  
Fax: (775) 782-5055

**Alpine County**  
100 Foothill Rd., Bld. D, Room 5  
Woodfords, CA 96120  
Phone: (530) 694-9459

**South Lake Tahoe**  
1021 Fremont Ave.  
SLT, CA 96150  
Phone: (530) 541-2445

Sincerely,  
Troy Matthews  
Mentor Coordinator



## Getting To Know You

**List your favorite(s) in the following categories.**

1. Movie \_\_\_\_\_
2. Band/Singer \_\_\_\_\_
3. Movie Star \_\_\_\_\_
4. Book \_\_\_\_\_
5. Food/Meal \_\_\_\_\_
6. Store \_\_\_\_\_
7. Friend \_\_\_\_\_
8. Outdoor Activity \_\_\_\_\_
9. Indoor Activity \_\_\_\_\_
10. Place \_\_\_\_\_
11. Sport/Hobby \_\_\_\_\_
12. Relative \_\_\_\_\_
13. Holiday \_\_\_\_\_



**Complete the following sentences.**

The thing I like least about school is:

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I live with:

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Do you have any pets? List what type of animal and their name(s).

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What career/job are you interested right now?

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What activities would you like to do with a mentor?

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Happiness is...

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What is special about me...

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