



**MENAC**<sup>TM</sup>

*"Building minds builds communities"*

*MENTEE/PARENT  
APPLICATION*

AUTHORIZATION FOR RELEASE OF MENTEE INFORMATION

TO: Agency: MENAC, Inc. Address: 2444 Commerce Road Suite 210 Jacksonville, NC 28546

### I authorize MENAC, Inc. to have access to the record of (Student's Name)

First

Last

#### DISCLAIMER

This information will be used to track the student's progress during the school year, to verify any violations with Juvenile Justice, and for media release in conjunction with MENAC, Inc. events and shall be limited to the aforementioned information above.

#### Cont.

I understand that I may receive a copy of this authorization and the resulting information if desired.

Relationship to student:

Date:



#### Student Application

Personal Information (fill below)

#### Name

First

Last

#### Address

Address Line 1

Address Line 2

City

State



Zip Code

#### Phone

The following information is optional

(for non-discriminatory purposes only)

Race

Sex

School Information

fill below

Name of School

Grade

Address

Address Line 1

Address Line 2

City

State



Zip Code

Phone

General information

fill below

Why is having mentor important to you?

What are your hobbies?

List your top 3 career interests

### PARENT/GUARDIAN ACKNOWLEDGEMENT/APPROVAL

fill below

#### Name OF Parent/Guardian

First

Last

#### Address

Address Line 1

Address Line 2

City

State



Zip Code

#### Phone

Date

Date



#### Disclaimer

The Parent/Guardian signature authorizes MENAC, Inc. to use photographs taken at group activities for our newsletter only. We will not use pictures for fundraising or advertising.



#### Student expectations

fill below

What activities would you do with a mentor?


What do you think a mentor could teach you?

How do you think a mentor could help you?

Parent Questionnaire

Name

Date



Address

Phone

Employer:

Employer Address

Work Phone

Marital Status

### Children's names & ages

How did you hear about MENAC, Inc. ?

Do you attend church? if so, where?

Are you interested in our mentoring program?

If yes, please give a brief description of your child/children:

### Student Evaluation

fill below

### Name

sex

### Attention

Please answer all questions honestly. All information will be kept confidential.

How would you rate your relationship with your parent(s)?

What is the level of friendship between your parent(s)/guardian(s) and yourself?

How well do you feel your parent(s)/ guardian(s) understands you?

[Dropdown menu]

How would you rate the advice your parent/guardian gives you?

[Dropdown menu]

Do you enjoy school?

Yes  No

Is school important to you?

Yes  No

Do you have difficulty understanding your schoolwork?

Yes  No

Do you have plans to go to college?

Yes  No

Do you know what type of work you might like to do when you get older?

Yes  No

In your own words, what is the definition of a mature adult?

[Text input field]

What is your definition of morals and values? And do you think these are important?

[Text input field]

Do you know who God is?

[Text input field]

Please describe how you have felt over the last 30 days:

often  sometimes  never

Angry

[Text input field]

Suicidal

[Text input field]

Wanting to quit school

[Text input field]

Wanting to run away

[Text input field]

hopeless

[Text input field]

Lonely

[Text input field]

Confused

[Text input field]

Confused

[Text input field]

Depressed

Out of Control

Happy

Confident

Content

Do you feel you could use some help in your life right now?

What are some of the things you would like to get out of being mentored?

Are there any concerns with us using Biblical references in our program?

Submit



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