

**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)

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.

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

Signature: _____
Relationship to Student: _____
Date: _____

STUDENT APPLICATION

PERSONAL INFORMATION:

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ - _____

The following information is optional (for non-discriminatory purposes only)

Race: _____ Sex: ___ Male ___ Female

SCHOOL INFORMATION

Name of School: _____ Grade: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone: _____

GENERAL INFORMATION

Why is having a mentor important to you?

What are your hobbies?

List your top 3 career interests:

PARENT/GUARDIAN ACKNOWLEDGEMENT/APPROVAL

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ - _____

Student Signature: _____ *Date:* _____

Parent/Guardian Signature: _____ *Date:* _____

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

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: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) ____ - _____

Employer: _____

Employer Address: _____

Work Phone: (____) ____ - _____

Marital Status: ___ Single ___ Married ___ Divorced ___ Widowed ___ Separated

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

Name: _____ Date: _____

Age: _____ Sex: _____

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

Excellent Good Fair Poor

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?

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

Do you enjoy school? _____

Is school important to you? _____

Do you have difficulty understanding your schoolwork? _____

Do you have plans to go to college? _____

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

Lonely

Confused

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? _____