

ACTION, Inc. Mentee Application

Personal Information

Mentee's Name *

First Name

Last Name

DOB *



Month

Day

Year

Age *

Gender *

Ethnicity

Guardian's Name (1) *

First Name

Last Name

Guardian's Name (2- if applicable)

First Name

Last Name

Address *

Street Address

Street Address Line 2

Phone Number *

Area Code Phone Number

Name of School *

Emergency Contacts - Please include Name, Relationship, & Phone number *

Please note that these individuals will be contacted in case of an emergency if primary guardians (listed above) cannot be reached. They will also be able to pick up your child from ACTION, Inc. events and outings.

Please list the names, ages, and relationships of all individuals in mentee's household *

Please indicate if not applicable

Why does your child want to participate in a mentoring program? *

Please describe your child's personality using at least 3 words. *

What does your child enjoy doing for fun? *

What does your child enjoy doing for fun? *

If applicable, please explain any scheduling issues that you may have.

Does your child have friends? Please describe his/her friendships. *

Is your child currently having problems either at home or at school? If yes, provide details. *

Can you provide any additional background information that may be helpful in matching your son/daughter with an appropriate mentor? (Anything that we should be aware of that could be a trigger for you or your child.) *

Is there anyone your child should not have contact with while participating in our program?

Select at least two social issues that you would like to be addressed with your child throughout our program. *

- School Attendance
- High School Completion
- Access to Higher Education
- Alcohol/drug use
- Poverty relief
- Job Training
- Child Abuse
- Sex Education
- Gun Violence
- Bullying
- Lack of Adult Supervision
- Social Media
- Racism/ Discrimination
- Juvenile Crime Rates
- Child Care/ Teen Recreation

Name and phone number of primary care physician

If no PCP, please indicate where you are most likely to receive medical care

Does your son/daughter have any physical problems or limitations? *

No

Is your son/daughter receiving treatment for any medical issues? *

No

Is your son/daughter receiving treatment for any medical issues? *

No

Does your son/daughter have any known allergies or adverse reactions to medications? *

No

Is your son/daughter currently seeing a counselor or therapist? *

No

Please read this carefully before signing:

We appreciate you and your child's interest in his/her becoming a mentee with ACTION, Inc. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their son/daughter to participate in the mentoring program.

After receiving this completed application from you, we will evaluate the information and contact you if your child has been accepted into the mentoring program, which is dependent on your child's needs and mentor availability. Much of the information that you supply in this application packet will be used to match your child with an appropriate mentor. Therefore, the mentoring staff may, at times, need to access and share this information with prospective mentors and other parties when it is in the best interest of the match. However, we do not reveal names until there is an initial interest from the mentee, parent/guardian, and mentor based upon anonymous information provided about each other.

I understand that I must return all of the following completed items if my child is accepted into the program, and that any incomplete information will result in the delay of the matching process:

Contact and Information Release Form

Youth Mentee Guidelines & Expectations

Transportation Form

Photo Release

