

Mentee Application
(To Be Completed by the Parent/Guardian)

8/2018

Personal Information

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Child's Name: _____ **Date:** _____

Parent/Guardian Name: _____

Relationship to Child: Mother ___ Father ___ Other, specify: _____

Street Address: _____ City: _____ State: _____

Zip: _____ Home phone: _____ Work phone: _____

Child's Social Sec. #: _____ Date of Birth ___/___/___ Age: _____

Gender: Male ___ Female ___ Ethnicity: White: ___ Hispanic: ___ African American: ___ Asian: ___

Other: _____

Name of School _____ Grade: _____

Weight _____ Height _____ Emergency Contact: _____

Emergency Contact Relationship & Phone Number: _____

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you or your child want to participate in a mentoring/tutorial program?

2. Briefly describe your expectations for the A.I.M. Mentoring/Tutorial Program:

3. Is your child available to meet with a mentor (s) six hours per month and have contact at least once a week for a minimum of one year? Please explain any particular scheduling issues.

4. Is your child willing to attend an initial mentee/tutoring training session and two in-service training sessions per year after being matched?

5. Describe your child's present school performance including grades, homework, attendance, behaviors, etc.

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

7. Is your child currently having any problems either at home or school?

8. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.

9. Can you provide any additional background information that may be helpful to A.I.M. in matching your son/daughter with an appropriate mentor?

PERSONAL COMMENTS

Medical History

Name of Primary Care Physician: _____

Physician Office Name _____ Phone # _____

Physician Address _____

City _____ State _____ Zip _____

Medical Insurance Provider: _____

Policy Number: _____ Phone # _____

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

Is your son/daughter currently receiving treatment for any medical conditions? List

Is he/she currently on any type of medications? If so please specify:

*Does your son/daughter have any **known allergies or adverse reactions to Insects, Food or**

Medications? If Yes, List type of allergies and reactions to each:

*Name of Allergy Medication (s) taken: _____

Does your son/daughter have any emotional issues or problems right now? Is your son or daughter currently seeing a certified counselor or therapist?

Therapist's Name & Address: _____
_____ Phone _____

Counselor's Name: _____

SPEICAL MEDICAL INSTRUCTIONS OR ADDITION MEDICAL INFORMATION AND ANY SPEICAL MEDICAL INSTRUCTIONS FROM GUARDIAN THAT IS PERFORMED DURING AN EMERGENCY (Who to call first, second, preferred first Medical call , but not limited to.)

CONTACT AND RELEASE OF INFORMATION

Please read this carefully before signing:

A.I.M. Mentoring Program and The Potters House of Alabama Inc., appreciates you and your child's interest in his/her becoming a mentee. 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 A.I.M. Mentoring, Tutorial and The Potters House of Alabama Inc., Programs.

After receiving this completed application from you, we will evaluate the information and send you a letter letting you know if your child has been accepted into the mentoring program. Much of the information 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 first upon anonymous information provided about each other.

Please initial each of the following:

_____ I give my informed consent and permission for my child to participate in the A.I.M. Mentoring & Tutorial program with The Potters House of Alabama Inc., and its related activities.

_____ I agree to have my child follow all mentoring, tutoring and team mentoring program guidelines and understand that any violations on my child's part may result in suspension and/or termination of the mentoring relationship.

_____ I hereby acknowledge that my child will be transported by his/her mentor and/or A.I.M. mentoring and The Potters House of Alabama Inc., staff or representatives while participating in

the A.I.M. Mentoring/Tutorial Program, **and that such transportation is voluntary and at his/her own risk.**

_____ I release the A.I.M. Mentoring Program and The Potter’s House of Alabama **Inc.**, of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any liability to The Potter’s House of Alabama Inc., any A.I.M. Mentor’s, program staff, volunteers or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ I agree to allow A.I.M. Or **The Potter’s House of Alabama Inc., to use any photographic image of my child taken** while participating in the mentoring/tutorial program. These images may be used in promotions or other good faith related marketing materials.

_____ I release all rights to any designs, pictures, songs, inventions, presentations, but not limited to of documents or items my son or daughter may produce while participating in the A.I.M. Program or any of the Potter’s House of Alabama Inc., Programs

_____ I understand and give permission for my child **to travel** with the A.I.M. Mentoring & Tutorial program and **The Potter’s House of Alabama Inc.**, to local events, and gathering **within a 60 mile radius** of Tuskegee, Alabama.

_____ I understand and give permission for my child to discuss drug prevention, anger managements, etc and attend events on how to manage and becoming a father and mother and absentness with professionally held programs concerning these topics.

_____ I understand the **Potter’s House of Alabama, Inc., A.I.M.** and any of its programs **does not provide any health, medical, accident of life insurance to mentees, mentor, or volunteers.**

I understand I must return all of the following completed items along with this application, and that any **incomplete** information will result in the delay of my application being processed by the Mentoring or Tutoring Program Coordinators:

- Contact and Information Release Form Medical History Travel/Grade Consent Forms
- Parent/Guardian Contract Interest Survey Form Emergency Travel information

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and **conditions**

Parent/Guardian _____ Date _____
Signature

Parent/Guardian _____ Date _____
Signature

