



# Youth Mentoring Program – Youth Application

## SECTION I: YOUTH INFORMATION

Date: \_\_\_\_\_

LAST NAME FIRST NAME FULL MIDDLE NAME SUFFIX

STREET ADDRESS

CITY STATE ZIP CODE

DAYTIME PHONE EVENING PHONE MOBILE PHONE

PRIMARY E-MAIL ADDRESS ALTERNATE E-MAIL ADDRESS

Date of Birth: \_\_\_\_\_ Gender:  Female  Male

### Race/Ethnicity (Check one):

- American Indian/Alaska Native
- Asian
- Black/African American
- Hispanic or Latino (of any race)
- Native Hawaiian/Pacific Islander
- White/Caucasian
- Other/Multiracial

### Do you have the following accounts? (Check all that apply)

- Facebook Account Information: \_\_\_\_\_
- MySpace Account Information: \_\_\_\_\_
- Twitter Account Information: \_\_\_\_\_

Were you referred to the GoodGuides program?  Yes  No

### If yes, who referred you? (Check all that apply)

- Faith-Based Organization
- Juvenile Justice Agency
- Nonprofit Service Organization
- Parent
- School/Education Agency
- Social Service Agency
- Other: \_\_\_\_\_

**SECTION II: PARENT/GUARDIAN INFORMATION**

**STREET ADDRESS SAME AS YOUTH**

LAST NAME FIRST NAME FULL MIDDLE NAME SUFFIX

STREET ADDRESS

CITY STATE ZIP CODE

DAYTIME PHONE EVENING PHONE MOBILE PHONE

PRIMARY E-MAIL ADDRESS DATE OF BIRTH (OPTIONAL)

**What is your relationship to the person listed above? (Check one)**

- Mother
- Father
- Grandmother
- Grandfather
- Aunt
- Uncle
- Legal Guardian
- Foster Mother
- Foster Father
- Sister
- Brother
- Other (Please Specify): \_\_\_\_\_

**Is this also your emergency contact?**  Yes  No

**Does this person have the following accounts? (Check all that apply)**

- Facebook Account Information: \_\_\_\_\_
- MySpace Account Information: \_\_\_\_\_
- Twitter Account Information: \_\_\_\_\_

**SECTION III: ALTERNATE/EMERGENCY CONTACT INFORMATION**

*If Parent/Guardian is listed as your emergency contact, please provide an alternative contact person.*

LAST NAME FIRST NAME FULL MIDDLE NAME SUFFIX

STREET ADDRESS

CITY STATE ZIP CODE

DAYTIME PHONE EVENING PHONE CELL PHONE

PRIMARY E-MAIL ADDRESS DATE OF BIRTH (OPTIONAL)

**What is your relationship to the person listed above? (Check one)**

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Mother      | <input type="checkbox"/> Uncle          | <input type="checkbox"/> Sister                  |
| <input type="checkbox"/> Father      | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Brother                 |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Foster Mother  | <input type="checkbox"/> Other (Please Specify): |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Foster Father  | _____  |
| <input type="checkbox"/> Aunt        |   |  |

**SECTION IV: SCHOOL INFORMATION**

**Are you currently attending school?**  Yes  No

**If yes, which grade are you currently attending? (Check one)** **What is your current GPA:** \_\_\_\_\_

- 6  7  8  9  10  11  12  GED/Adult Education

**What is your current school name:** \_\_\_\_\_

**If not in school, why not? (Check all that apply)**

- Summer vacation
- Dropped out      Dropout Date: \_\_\_\_\_      Last Grade Attended: \_\_\_\_\_
- Suspended      Suspension Date: \_\_\_\_\_
- Terminated      Termination Date: \_\_\_\_\_
- Other: \_\_\_\_\_

**If no longer in school, when was the last time you attended school? (Check one)**

- Within past month       Within past year
- Within past three months       More than one year ago
- Within past six months

**Do you plan to graduate from high school?**

- Yes  No

**Have you thought about plans after school?**

- Yes  No

**If yes, what are your plans after school? (Check all that apply.)**

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Community College               | <input type="checkbox"/> Military     | <input type="checkbox"/> Work                    |
| <input type="checkbox"/> Four-year College or University | <input type="checkbox"/> Stay at Home | <input type="checkbox"/> Other (Please Specify): |
| <input type="checkbox"/> Marriage and/or Start a Family  | <input type="checkbox"/> Trade School | _____  |
| <input type="checkbox"/> Move to a New City or State     | <input type="checkbox"/> Travel       |  |

**What are the most important things you need to learn before finishing school? (Check all that apply.)**

- |   |  |
|---|--|
| <input type="checkbox"/> Academic Tutoring  | <input type="checkbox"/> Independent Living Skills       |
| <input type="checkbox"/> Career Planning  | <input type="checkbox"/> Job Search Skills               |
| <input type="checkbox"/> Citizenship  | <input type="checkbox"/> Money Management                |
| <input type="checkbox"/> College/University Preparation (e.g. applications, scholarships, student loan process, etc.) | <input type="checkbox"/> Non-Violent Conflict Resolution |
| <input type="checkbox"/> Computer Skills  | <input type="checkbox"/> Networking                      |
| <input type="checkbox"/> Employability Skills   | <input type="checkbox"/> Other: _____                    |

**What are your career goals or what do you want to become when you grow up? \_\_\_\_\_**

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### **SECTION V: PERSONAL INTERESTS**

**What days of the week are you available to meet with your mentor? (Check all that apply.)**

- Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

**What is the best time for you to meet with your mentor? (Check all that apply.)**

- Mornings    Afternoons    Evenings    Weekends

**What do you like to do in your free time? Please select all that apply and give further details in the space provided.**

- Sports and Physical Activities: \_\_\_\_\_  
Examples: Baseball, basketball, hockey, football, golf, karate, soccer, softball, swimming, tennis, etc.
- Computers/Media: \_\_\_\_\_  
Examples: Computer games, computer programs, hard/software, web surfing, social networking (MySpace, Facebook, Twitter, etc.)
- Social Activities: \_\_\_\_\_  
Examples: Shopping, hanging out with friends, going to the movies or other social areas, attending sports events, traveling, etc.
- Arts, Crafts and Culture: \_\_\_\_\_  
Examples: Music (singing, rapping, producing, playing, writing, etc.), writing/performing poetry/spoken word, writing, reading, scrap-booking, cooking, baking, etc.
- Working/Entrepreneur: \_\_\_\_\_
- Education/Learning: \_\_\_\_\_  
Examples: Studying, working on assignments, going to the library, study hall, etc.
- Other Activities: \_\_\_\_\_

**Do you have a favorite sport? (Check one.)**

- |                                     |                                   |                                   |                                       |
|-------------------------------------|-----------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Baseball   | <input type="checkbox"/> Golf     | <input type="checkbox"/> Soccer   | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Karate   | <input type="checkbox"/> Softball | _____                                 |
| <input type="checkbox"/> Football   | <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis   | _____                                 |

**What extracurricular school activities are you involved with? (Check all that apply.)**

- |  |  |
|--|--|
| <input type="checkbox"/> Band              | <input type="checkbox"/> Tutoring                                  |
| <input type="checkbox"/> Cheerleading      | <input type="checkbox"/> School Media Production (TV/Radio)        |
| <input type="checkbox"/> Choir             | <input type="checkbox"/> School Civic/Social Clubs. Specify: _____ |
| <input type="checkbox"/> Community Service |  |
| <input type="checkbox"/> Drama Club        | <input type="checkbox"/> School Academic Clubs. Specify: _____     |
| <input type="checkbox"/> School Newspaper  |  |
| <input type="checkbox"/> Step team/Dance   | <input type="checkbox"/> Other: _____                              |

**What are your favorite subjects in school: (Check all that apply.)**

- Art
- Civics
- History
- Math
- Music
- Reading and Literature
- Science
- Service Learning
- Vocational Skills
- Writing
- Other: \_\_\_\_\_

**What are your least favorite subjects in school: (Check all that apply.)**

- Art
- Civics
- History
- Math
- Music
- Reading and Literature
- Science
- Service Learning
- Vocational Skills
- Writing
- Other: \_\_\_\_\_

**Where do you see yourself in 3-5 years?**

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**SECTION VI: YOUTH ASSESSMENT**

**Please be truthful and rate each of the following statements by placing a check mark in the appropriate box.**

	Never	Infrequently or Once in a while	Occasionally or Sometimes	Frequently or Often
I have positive social interactions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I attend school regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try to learn new things when they look too difficult to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can control my temper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I carry a weapon for protection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am good at making friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident in my ability to make major decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get along with my parents or other adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Write a brief statement explaining why you chose to participate in the GoodGuides youth mentoring program.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION VII: PARENT/GUARDIAN CONSENT AND SIGNATURE**

I certify to the best of my knowledge that the information provided on this Youth Application is true and accurate. I also give my informed consent and permission for my child to participate in the GoodGuides Youth Mentoring Program and its related activities.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Name (Please Print)

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date