



## Mentee Application

### Application Materials:

**Qualifications and Questions:** To Be Completed by the Parent/Guardian

**General Information:** To Be Completed by the Parent/Guardian

**Medical Release:** To Be Completed by the Parent/Guardian

**Consent Form:** To Be Completed by the Parent/Guardian

**Preferences and Interest:** To Be Completed by Youth

### Qualifications:

1.	Is your child between the ages of 8-17?	Yes	No
2.	Does your child want to be part of the KWMF mentee program?	Yes	No
3.	Are you able commit to our 4 month program?	Yes	No
4.	Are you willing to participate in a mid and end of program survey necessary to provide us with feedback?	Yes	No
5.	Is your child willing to attend an initial orientation session after being accepted?	Yes	No
6.	Do you understand that missing 4 or more sessions will result in being removed from the program?	Yes	No
7.	Is your child suicidal?	Yes	No

### Questions:

1. Briefly describe your expectation for the Kole Wright Memorial Foundation Mentoring Program:

2. Describe your child's school performance, attendance, behaviors, etc:

Confidential Document

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

4. Does your child have a history of mental health problems, self-harm? Please describe:

5. Has your child experienced any traumatic event (i.e. death in the family, abuse, diverse)? Please describe:

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

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**Personal Information**

Youth's Name: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Parent/Guardian preferred method of contact: Email:\_\_\_ Text:\_\_\_ Call:\_\_\_

Child's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home/Work Phone: \_\_\_\_\_

Youth Social Security: \_\_\_\_\_

Youth's Date of Birth \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: M/F

Ethnicity (optional): White: \_\_\_ Hispanic: \_\_\_ African American: \_\_\_ Asian: \_\_\_ Other: \_\_\_

Name of School: \_\_\_\_\_

Grade: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

List all members in your household with their ages and relationship to your child:

Name	Age	Relationship

**Medical History**

Name of Primary Care Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Adverse reactions to medication: \_\_\_\_\_

Is your son or daughter of different abilities? Please explain: \_\_\_\_\_

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

Is your child currently receiving treatment of any medical conditions? If on a medication, please specify:

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

**In the case of an emergency, I give my permission for my child to be transported to the closest hospital for emergency treatment. In addition, I hereby give my consent to the hospital and its staff to treat my child.**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Consent Form:**

Please carefully read and initial each of the following:

\_\_\_\_\_ I give my informed consent and permission for my child to participate in the Kole Wright Memorial Foundation Mentoring Program and its related activities.

\_\_\_\_\_ I agree to have my child follow all mentoring program guidelines and understand that any violation on my child's part, including attendance, may result in suspension and/or termination of the mentoring relationship.

\_\_\_\_\_ I hereby acknowledge that my child may be transported by Kole Wright Memorial Foundation staff or representatives while participating in the Kole Wright Memorial Foundation Mentoring Program, and that such transportation is voluntary and at his/her own risk.

\_\_\_\_\_ I release the Kole Wright Memorial Foundation Mentoring Program of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that my result from his/her participation in the program, including but not limited to transportation, and hold harmless any Kole Wright Memorial Foundation mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotion, other than where gross negligence has been determined.

\_\_\_\_\_ I hereby grant permission for the Kole Wright Memorial Foundation Mentoring Program to make contact with my child and conduct a personal interview for the purpose of applying to be a mentee. Further, I understand that basic information about my child will be shared with mentors to determine my child's suitability to the program.

**Photo Release (Optional)**

\_\_\_\_\_ I agree to allow Kole Wright Memorial Foundation to use any photographic image of my child taken while participating in the mentoring program. These photos may be used in the promotion or other related marketing materials.

By Signing below, I attest to the truthfulness of all information listed on the application and agree to all above terms and conditions.

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Parent/Guardian Signature

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Date

**Preferences and Interest**

To be completed by youth:

1. List 3 things that make you happy.
2. What are your 3 favorite hobbies?
3. Would you rather be in a large group or a small group of people?
4. If you could learn about a job or career, what would it be?
5. What is one goal for your future?
6. What is something new you'd like to learn?
7. What do you like about yourself?
8. Why do you want to participate in our mentoring program?
9. What would you like to improve?