

## Mentee Application

### Mentee Information

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

Street Address: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

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

School \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Known Allergies \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

### Parent Information

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

Parent  Guardian

Street Address: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Is there anything important the mentors need to know about your child?

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## Mentee Interview

Applicant Name: \_\_\_\_\_

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

Interviewed by: \_\_\_\_\_

I need to ask several questions about you that will help me in matching you with a mentor. However, I am required to report anything that indicates you have done or may do harm to yourself or others. And some information, such as what you would like to do with a mentor or things you are interested in may be shared with a prospective mentor. Do you understand?

1. Why do you think you'd like to have a mentor?
2. What type of person would you like to be matched with?
3. Will you be able to fulfill the commitments of the program – eight hours per month with weekly contact for one year?
4. Are you willing to attend an initial mentee training session and two training sessions per year after being matched?
5. One of the program requirements is to communicate with program staff once a month about your relationship with your mentor. Are you okay doing that?
6. What types of activities would you do with a mentor?
7. What hobbies or interests do you have?
8. How would you describe yourself?
9. How would others describe you in three words?
10. How do you think friends and family members would describe you?
11. What do you like about school?
12. How well do you do in school?
13. Tell me about your friends.
14. Name three people who have helped you succeed.
15. Do you currently use any alcohol, drugs, or tobacco?
16. Do you have any questions about the program I can answer for you?

# Mentee Interest Survey

(To Be Completed by Youth)

Please complete all the following. This survey will help Youth Mentoring Program know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentor? Please check all that apply.

Days	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Times							

Do you speak any languages other than English? If so, which languages?

What are some favorite things you like to do with other people?

What are your favorite subjects in school?

If you could learn about a job/career, what would it be?

What are your favorite subjects to read about?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday:

Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals/ Pets	<input type="checkbox"/>	Painting/ Photos	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas of special interest:

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# Parent Mentoring/Consent Agreement

Dear Parents / Guardians,

Welcome to the Northwest Indiana African American and Valparaiso Police Department Mentoring program. We are glad your child(ren) are here and can benefit from our mentoring program. Please read the following mentoring guidelines and sign and date.

## **RULES**

1. Children need to be 11 – 15 years of age or 6<sup>th</sup> – 10<sup>th</sup> grade.
2. Children must not be more than 15 minutes late for mentoring program or your mentoring session will be canceled and subject to cancelation policy if tardiness is more than 3 times.
3. Must be dropped off and picked up on time.
4. Must always use appropriate language.
5. During mentoring, we encourage all cell phones/tablets to be put away.
6. Please let us know in advance if your child is not going to attend a mentoring session.

Name of child (ren) and age(s)

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

I, \_\_\_\_\_ understand and agree to these rules of the Mentoring Program and will explain the rules to my child (ren).

Parent Signature

Date

\_\_\_\_\_

\_\_\_\_\_

## Participation Waiver - Mentoring Agreement

By participating in mentoring program, you assume the risk of injury and you agree to hold harmless the Valparaiso Police Department, and it's agents and the Northwest Indiana African American Alliance, Inc., and it's agents, the City of Valparaiso and it's agents, and forfeit the right to make any claim for monetary damages against the Valparaiso Police Department/Northwest Indiana African American Alliance, and the City of Valparaiso if you or your property is damaged while participating in or attending a program or while in the city of Valparaiso.

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Parent (s)/Guardian

Date