CARE AFRICA

Mentee Application

(To Be Completed by the Parent/Guardian)

Personal Information

Youth's Name: _____ Date:_____

Parent/Guardian Name: _____

Relationship to Youth: Mother ___ Father ____ Other, specify: _____

Street Address: _____

City: _____ State: _____ Postcode: _____

Home phone: _____ Work phone: _____ Mobile: _____

Email: _____

Date of Birth ___/___/___ Age: _____ Gender: Male___ Female ___

Name of School: _____ Grade: _____

Emergency Contact Name: _____ 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 honestly as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

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

2. Briefly describe your expectations for the Care Africa Youth Mentoring Program:

3. Is your child available to meet with a mentor eight 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 training session and two training sessions per year after being matched?

5. Describe your child's 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 Care Africa Youth Mentoring Program in matching your son/daughter with an appropriate mentor?

Medical History

Name of Primary Care Physician: _____ Phone No.:_____

Medical Insurance Provider: _____

Policy Number: _____ Phone No.: _____

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

2. Is your son/daughter currently receiving treatment for any medical issues?

3. Is he/she currently on any type of medication? Is so, please specify.

4. Does your son/daughter have any known allergies or adverse reactions to medications? If yes, please describe them below:

5. Does your son/daughter have any emotional issues or problems right now?

6. Is your son or daughter currently seeing a counselor or therapist?

7. Therapist's Name: _____

Please read this carefully before signing

Care Africa Youth Mentoring Program 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 Care Africa Youth Mentoring Program.

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 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 Care Africa Youth 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 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 Care Africa Youth staff or representatives while participating in the Care Africa Youth Mentoring Program, and that such transportation is voluntary and at his/her own risk.

_____ I release the Care Africa Youth Mentoring Program 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 Care Africa Youth mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ (optional) I agree to allow Care Africa Youth Mentoring Program to use any photographic image of my child taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

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:

- Contact and Information Release Form
- Interest Survey Form

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 Signature Date

Please return or mail this application and the items listed above to Coordinator, Care Africa Youth Mentoring Program, P.O. Box 458, Dandenong Vic. 3175 Australia.

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Contact and Information Release

(To Be Completed by the Parent/Guardian)

Youth's Name: _____ Date: _____

School: _____

I hereby grant permission for Care Africa Youth Mentoring Program to make contact with my child and conduct a personal interview for the purposes of applying to be a mentee. Care Africa Youth Mentoring Program may also make contact with my child on school premises for the purposes of screening and interviewing as well as ongoing support of his/her participation in the mentoring program.

I authorize Care Africa Youth Mentoring Program to obtain any needed information regarding my child from his/her school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff.

Further, I understand that basic information about my child will be anonymously (without names) shared with a prospective mentor(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my and my child's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

_____ _____

Parent/Guardian Signature Date

Parent/Guardian Name: _____

Address_____ City_____ State____ Postcode____

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Mentee Interest Survey

(To Be Completed by Youth)

Please complete all the following. This survey will help Care Africa 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.

Weekdays: ___ Lunchtime: ___ After school: ___ Evenings: ___ Weekends: ___

Other: ___

1. Do you speak any languages other than English? If so, which languages?
2. What are some favorite things you like to do with other people?
3. What are your favorite subjects in school?
4. If you could learn about a job/career, what would it be?
5. What are your favorite subjects to read about?
6. What is one goal you have set for the future?
7. If you could learn something new, what would it be?
8. What person do you most admire and why?
9. Describe your ideal Saturday:

Please check all activities you are interested in:

	Biking		Camping		Science		Cooking		Library
	Hiking		Boating		Music		Sports		Yoga
	Golf		Swimming		Gardening		Parks		Movies
	Fishing		Animals/ Pets		Painting/ Photos		Board Games		Shopping Others

List any other areas of special interest: