

  
**YOUTH APPLICATION**

Youth Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to the Youth: \_\_\_\_\_

Parent/Guardian e-mail address: \_\_\_\_\_

Best way to reach you?  Call  E-mail  Text

In Case of Emergency, Contact: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Youth Cell Phone Number and e-mail address: \_\_\_\_\_

Who does the youth live with? Please include names and their relationship:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

This is for grant statistics and it does not disqualify you or your youth in any way. Please check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> youth of incarcerated parent             | <input type="checkbox"/> foster care                 |
| <input type="checkbox"/> single parent home                       | <input type="checkbox"/> refugee                     |
| <input type="checkbox"/> homeless or agency- supported housing    | <input type="checkbox"/> youth pregnant or parenting |
| <input type="checkbox"/> living with grandparents                 | <input type="checkbox"/> kinship care                |
| <input type="checkbox"/> deployed parents                         | <input type="checkbox"/> mental illness              |
| <input type="checkbox"/> poverty (free or reduced lunch)          | <input type="checkbox"/> tobacco use                 |
| <input type="checkbox"/> under supervision of Dept of Corrections | <input type="checkbox"/> drugs and/or alcohol use    |

Why do you think your youth would benefit from a mentor? \_\_\_\_\_

What are three words that describe him/her? 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Are there any medical conditions that we should be aware of? \_\_\_\_\_

Who referred you to Mentor Connector? \_\_\_\_\_

I understand the commitment to the program is for one year. I agree to support survey evaluation and I understand that anonymous, unidentifiable data will be collected and used for program enhancement and evaluation reports.

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

If you have any questions or need assistance completing this application please call (802) 775-3434 and we will be happy to assist you.

Please return completed application to: **The Mentor Connector PO Box 1617 Rutland, VT. 05701 or at ReadySetGo@mentorconnector.com**