

HINESIGHT

Mentee Eligibility Requirements:

- Be 9–14 years old
- Reside in the Fredericksburg city area or neighboring counties
- Demonstrate a desire to participate in the program and be willing to abide by all Hinesight mentoring program policies and procedures
- Be able to obtain parental/guardian permission and ongoing support for participation in the program
- Agree to an initial one-year commitment to the program
- Commit to spending a minimum of five hours a month with the mentor
- Be willing to communicate with the mentor weekly
- Complete screening procedure
- Agree to attend mentee trainings as required

Be willing to communicate regularly with the program director and discuss monthly meeting information and activity information

Mentee Application

(To Be Completed by or with Parent/Guardian)

Personal Information

Youth's Name: _____

Date: _____

Parent/Guardian Name:

Relationship to Youth: Mother ____ Father ____

Other, specify: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Youth Social Sec. #: _____

Date of Birth ____/____/____ Age: _____ Gender: Male____ Female ____

Ethnicity: White: ____ Hispanic: ____ African American: ____ Asian: ____ Other: ____

Name of School: _____ Grade in school: _____

HINESIGHT

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 completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you/your child want to participate in a mentoring program?
2. Briefly describe your expectations for the Hinesight mentoring program:
3. Is your child available to meet with a mentor five 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.:

HINESIGHT

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 Hinesight 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.: _____

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

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

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

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

HINESIGHT

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

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

Therapist's Name: _____

Please read this carefully before signing

We at Hinesight appreciate 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 Community Strong 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 packet 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.

HINESIGHT

Please initial each of the following:

_____ I give my informed consent and permission for my child to participate in the Hinesight 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 Hinesight staff or representatives while participating in the Hinesight mentoring program, and that such transportation is voluntary and at his/her own risk.

_____ I release Hinesight 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 Hinesight mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ I agree to allow Hinesight 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

cont'd

HINESIGHT

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 _____

Contact and Information Release
(To Be Completed by or with the Parent/Guardian)

Youth's Name: _____ Date: _____

School: _____

I hereby grant permission for Hinesight to make contact with my child and conduct a personal interview for the purposes of applying to be a mentee. Hinesight 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 Hinesight 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 identity 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 _____ Zip _____

HINESIGHT

Mentee Interest Survey (To Be Completed by Youth)

Please complete all the following. This survey will help Hinesight 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: ___

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 or a 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 what things or activities you like doing on the weekends:

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

HINESIGHT

List any other areas of special interest: