



Mentee Application

(Application to be completed by legal parent or guardian)

Please complete and return all the following forms:

1. Mentee Application (this page)
2. Application Questions (page 2)
3. Medical History Form (page 3)
4. Parent / Guardian Consent Form (page 4)
5. Mentee Interest Survey (page 5)

Please return via fax, email or US mail as indicated below.

Attention: Glenn Geffcken, Journeyman

Email: Journeymanasheville@gmail.com **Fax:** 828.707.9501 **Mail:** PO Box 7125, Asheville, NC 28802

Youth/Mentee Information:

First Name _____ Last Name _____ Nickname _____

Date of Birth _____ Current School _____ Grade _____

Emergency Contact Name: _____ Phone: _____

Ethnicity: White Hispanic African American Native American Asian Other: _____

Parent or Legal Guardian Information:

First Name _____ Last Name _____ Relationship to Youth: _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Parent or Guardian Cell _____

Parent or Guardian Email address _____

Preferred Method of Contact for updates: (check more than one if applicable)

- Email Text Phone

For Internal Use Only:

Forms check Date Received _____ Intake Date: _____ Active Date: _____

Application Questions

(To be completed by legal parent or guardian)

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 Journeymen Mentoring Program:
3. Is your child available to meet with the group 4 hours per month and have contact with a mentor for a minimum of one year? Please explain any particular scheduling issues.
4. Describe your child's school performance including grades, homework, attendance, behaviors, etc.:
5. Does your child have friends? Please describe his friendships.
6. Is your child currently having any problems either at home or school?
7. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.
8. Can you provide any additional background information that may be helpful to Journeymen in matching your son with an appropriate mentor?

Medical History Form

Name of Primary Care Physician: _____ Phone: _____

Medical Insurance Provider: _____ Phone: _____

Policy Number: _____

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

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

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

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

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

6. Is your son currently seeing a counselor or therapist? Yes No

Therapist's Name: _____

Therapist's Agency (if applicable): _____

Parent / Guardian Consent Form

Please read this carefully before signing

Journeymen Mentoring Program appreciates you and your child's interest in becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their son or ward to participate in the Journeymen mentoring program.

After receiving this completed application from you, we will evaluate the information and contact you to let you know if your child has been accepted into the mentoring program. Much of the information you supply in this application packet may 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 your child.

Please initial each of the following:

_____ I give my informed consent and permission for my child to participate in the Journeymen 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 acknowledge that my child may be transported by his mentor and/or Journeymen staff or representatives while participating in the Journeymen program, and that such transportation is voluntary and at his own risk.

_____ I release the Journeymen 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 participation in the program, including but not limited to transportation, and hold harmless any Journeymen 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 Journeymen 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.

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 Print Name _____

Parent/Guardian Signature _____ Date _____

Mentee Interest Survey *(To be completed by youth)*

Please complete all of the following. This survey will help Journeymen mentoring program know more about you and your interests.

What are the most convenient times for you to meet with a 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. What if you could learn about a job or a career, what would it be?

5. What are your favorite subjects to read about?

6. What is one goal you have set for your 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: