

## Mentee Application

(To Be Completed by Parent/Guardian)



### Personal Information

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Youth: Mother \_\_\_\_ Father \_\_\_\_ Other, Specify: \_\_\_\_\_

School Representative: \_\_\_\_\_

School Name: \_\_\_\_\_

Relationship to Youth: Teacher \_\_\_\_ Counselor \_\_\_\_ Coach \_\_\_\_ Other, Specify: \_\_\_\_\_

Youth's Address: \_\_\_\_\_

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

Youth Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_

Ethnicity: African American \_\_\_\_ Hispanic \_\_\_\_ White \_\_\_\_ Other, Specify \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

### 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 youth want to participate in a mentoring program?

\_\_\_\_\_

2. What are the youth's expectations for the mentoring program?

\_\_\_\_\_

3. The Ignite program is a 6-week program. Participants will meet twice weekly for the first week. Weeks 2-5, participants will meet once weekly and for the final week,

week 6, participants will meet twice weekly. Each session is scheduled to last for one hour. Is the youth able to meet with the mentor for the required amount of time as outlined in the program overview?

Yes \_\_\_ No\_\_\_ If no, please explain \_\_\_\_\_

\_\_\_\_\_

4. Does the youth have friends? Please describe the relationship.

\_\_\_\_\_

5. Does the youth have any goals they would like to work on with the mentor, if so what are they?

\_\_\_\_\_

6. Has the youth experienced any traumatic events (i.e. death in the family, friends, abuse, divorce) If yes, please provide details.

\_\_\_\_\_

7. Is there anything more that the mentor should know to help the youth find success with the program?

\_\_\_\_\_

8. Does the youth have any medical issues that the program should be aware of?

\_\_\_\_\_

9. Does the youth have any emotional or mental health concerns that the program should be aware of?

\_\_\_\_\_

**Read carefully before signing**

Ignite Mentoring Program appreciates you and your youth's interest and decision to be a part of its mentoring program. This application is intended to gain consent for participation in the Ignite Mentoring Program.

After receiving this completed application, the Ignite staff will review and evaluate the information for an informed decision as to the acceptance of the youth into the

program. Ignite believes that positive matching is viable to the success of the program and the participant. Whether accepted or declined for the moment, a letter will be sent regarding the decision made.

\_\_\_\_\_ I give my informed consent and permission for the aforementioned youth to participate in the Ignite Mentoring Program and its related activities.

\_\_\_\_\_ I agree to have my youth follow all mentoring program guidelines and understand that any violation on my youth's part may result in suspension and or termination of the mentoring relationship.

\_\_\_\_\_ I hereby acknowledge that my youth will participate in activities at his/her own risk and hold harmless Ignite Mentors as well as its parent company, The EntrepreneuHER™, LLC and its affiliates alike.

\_\_\_\_\_ I release the Ignite Mentoring Program, its parent company, The EntrepreneuHER™ and its affiliates of all liability of injury, death, or other damages to me, my youth, family, estate, heirs or assigns that may result from his/her participation in the program, including but not limited to, and hold harmless any Ignite 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 Ignite to use any photographic image of my youth taken while participating in the mentoring program. These images may be used in promotional or other marketing materials of Ignite and The EntrepreneuHER™.

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

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

**Please return this completed and signed form to the school representative.**