

WELCOME TO BORN 2 BE A MAN

Mentee application

(To be completed by the parent/guardian)

Identifying Information

Youth's Name (First Middle Last): _____

Parent/ Guardian Name:

Relationship to Youth: ____ Mother ____ Father ____ Other, ____
Specify: _____

Street Address:

City: _____ State: _____ Zip: _____

Parent Cell Phone: _____ Mentee Cell: _____

Mentee Date of Birth ____/____/____ Age: ____

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

Name of School: _____

Grade: _____

Emergency Contact Name: _____ Phone No.: _____

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 Born 2 Be a Man Mentoring Program?
3. Describe your child's school performance including grades, homework, attendance, behaviors, etc.:
4. Describe your child's current problems either at home or school?
5. Has your child experienced any traumatic events (i.e., death in family, abuse, divorce)? If yes, please provide details.
6. Can you provide any additional background information that may be helpful to Born 2 Be a Man?

Medical History

Name of Primary Care Physician: _____

Phone NO.: _____

Medical Insurance Provider:

Policy Number: _____

Phone No.: _____

Does your child currently have any physical problems or limitations?

Is your child currently receiving treatment for any medical issues?

Is your child currently on any type of medication? If so, please specify.

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

Is your child currently seeing a counselor or therapist?

Therapist's Name: _____

Please read this carefully before signing:

Born 2 Be a Man mentoring program appreciates you and your son'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 to participate in the Born 2 Be a Man Mentoring Program.

Please initial each of the following:

_____ I give my informed consent and permission for my child to participate in the Born 2 Be a Man 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 occasionally be transported by his Mentors and/ or Born 2 Be a Man Staff or representatives while participating in the Born 2 Be a Man Mentoring program, and that such transportation is voluntary and at his own risk.

_____ (optional) I agree to allow Born 2 Be a Man 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 complete this application along with other items, any incomplete information will result in the delay of my application being processed:

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**