



MENTORS FOR YOUTH

Youth Application

Parent/Legal Guardian Information

Full Name _____

Address _____
(Street) (City) (State) (Zip Code)

Home/Work # _____ Best Time to Call _____

Cell # _____ Best Time to Call _____

Email _____

Parent/Guardian Relationship Status:

Single Married Divorced Separated

Spouse Disabled Spouse Deceased

Youth Information

Full Name _____

Age _____ Birthdate _____ Sex: Male Female

School Attending _____
Current or Recently completed grade _____

Teacher/School Counselor/Principal Name _____

Indicate areas of concern:

School attendance Attitude toward school Performance at school

Peer relationships Parent/child relationship Sibling relationship

Emotional maturity Physical/health problems Other: _____

Comment on child's reaction to becoming involved in the program:

STATEMENT

To the best of my knowledge, the information I have provided is correct and accurate. I understand that this application constitutes a request to Mentors for Youth of Dubois County to involve my child in their program. I further understand that Mentors for Youth of Dubois County reserves the right to accept or reject my child based on pre-established criteria. I realize that Mentors for Youth of Dubois County is not obligated to assign, or actively seek to assign, a mentor for my child. I understand that I will have the opportunity to learn about a potential mentor before a match is made, and that I will have the option not to accept the candidate selected by Mentors for Youth.

I further understand that Mentors for Youth of Dubois County takes no commitment, either stated or implied, regarding the impact of a match upon any of the parties involved. In recognition thereof, I hereby agree to hold free of liability the Mentors for Youth agency, and all agents and representatives thereof, in the event of any unfortunate results or developments occurring as a part of their efforts in my behalf.

(Signature of Parent/Legal Guardian)

(Date)