



MENTORS FOR YOUTH

Mentors for Youth
 505 W 5th St.
 Jasper, IN 47546
 482-2227 Phone
 482-2256 Fax
www.mentors4youth.com website
info@mentors4youth.com email

(Please Print)

Parent/Legal Guardian Name _____
(First) (Last)

Home Work Phone# _____ Cell Phone# _____ Contact# _____

Best way to reach you _____

Parent Email _____

Single Married Divorced Separated Spouse Disabled Spouse Deceased

Spouse Name/Significant other: _____

What is the relationship with the child? _____

Are both parents involved in child's life? YES NO

Parent Birthdate _____ Name of children in the home and ages _____

Parent occupation _____ Employer _____

Level of education of parent _____

Household Income level under \$15,000 \$15,000-\$30,000 \$30,000-\$45,000 \$45,000-\$60,000 \$60,000-\$75,000 Above

Does your family receive financial assistance YES NO What type _____

Home Address _____

_____ (City) (State) (Zip)

Child's Name _____
(First) (Last)

Sex (M/F) _____ Age _____ Birth Date _____ School Attending _____

Teacher/Counselor/Principal _____

Current or most recently completed grade _____

Professional agencies familiar with child's background _____

Has the child ever been to therapy for any behavioral issues in the past 3 years? YES NO

If so, for what reason?

Name of therapist or counselor and location

Has the child ever been hospitalized due to behavioral issues? YES NO

If so, when and for what reason?

Indicate areas of concern:

_____ School Attendance

_____ Attitude toward school

_____ Performance at school

_____ Peer relationships

_____ Parent/Child relationship

_____ Physical/Health problems

_____ Sibling relationship

_____ Emotional maturity

_____ Other

(Describe) _____

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

List any and all current interests, sports, clubs, hobbies your child has interest

in _____

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 OBLIGATE TO ASSIGN, OR ACTIVELY SEEK TO ASSIGN, A MENTOR FOR MY CHILD. I UNDERSTAND THAT I WILL HAVE THE OPPORTUNITY OF LEARNING 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 AGENCY DIRECTOR.

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.

DATE

CUSTODIAL PARENT/GUARDIAN SIGNATURE