

1. What is the primary reason for you wanting your child to have a mentor?

2. Does your child know that you are applying for the program? Does your child want to participate?

3. Where did you hear about Youth Mentoring? Please check all that apply and provide details in space given.
 - School _____
 - Relative _____
 - Faith Organization _____
 - Service Organization _____
 - Website _____
 - TV/Radio _____
 - Event _____
 - Other _____

4. Does your child have siblings or relatives who are applying for the Youth Mentoring program at this time or who are currently in the program?
 - Yes No If yes, please provide their name(s):

5. Do you anticipate any significant life changes over the next year or have you had any in the past year, such as moving?
 - Yes No If yes, please explain:

6. Will your child be able to meet with their mentor [two times per month for a minimum of four hours a month] for the next year?
 - Yes No

7. Does your child have any medical conditions that might affect him or her participating in activities with a mentor?
 - Yes No If yes, please explain:

8. Number of people (adults and children) in household: _____
9. Is the parent/guardian receiving income assistance at this time? Yes No
10. Is parent/guardian receiving assistance with housing (e.g. Section 8, residence in public-housing, etc.)?
 - Yes No
 - If living in a housing development, please list the name: _____
11. Is child eligible for free or reduced lunch? Yes - Free Yes - Reduced No
12. Household Annual Income: (total income of the adults the child lives with)
 - 0-\$10,000 \$10,001-\$15,000 \$15,001-\$20,000 \$20,001-\$30,000 \$30,001-\$50,000 \$50,001+

13. Does your child have a parent/caregiver with current or past military experience? Yes No

If yes, please list dates of service:

Branch: Air Force Army Marine Corps Navy Coast Guard

Component: Active National Guard Reserve

Is the parent currently deployed?

If yes, please the date of deployment:

Is the parent retired from the military? Yes No

Is the parent separated/discharged (other than retired)? Yes No

Does your child have a parent/caregiver that is considered fallen, wounded or disabled? Yes No

14. Does your child have a parent/guardian who is currently incarcerated? Yes No

If yes, please explain:

15. Has your child ever been arrested or involved in the juvenile justice system?

Yes. Please explain:

No

16. Within the last year, has your child been in any trouble at school?

Poor Grades

Skipping school/classes

Truant

Behavior problems (Describe: _____)

Has been suspended (Reason for suspension: _____)

Has been expelled (Reason for expulsion: _____)

Sent to an alternative school (Reason for school change: _____)

By signing below, I give permission:

1. For my child to participate in the Youth Mentoring Program;
2. For the volunteer matched with my child, who has been screened and approved by Youth Mentoring, to transport my child to events and match activities;
3. For the school to provide social and academic information about my child to Youth Mentoring (e.g. report cards, behavior reports);
4. To have my child participate in an intake interview conducted by Youth Mentoring staff and complete questionnaires throughout his/her time in the program containing questions about school, home life, and personal interests;
5. To have my child talk with a Youth Mentoring staff person about personal safety;
6. For Youth Mentoring staff to provide contact information for me and my child to the volunteer.

I understand that the program is not obligated to match my child with a volunteer and that as part of the enrollment process I will be asked to provide additional information through an in-person interview. I understand that the information I provide in the enrollment process will be kept confidential, unless disclosure is required by law and with exceptions noted. I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities. I understand that certain relevant information about my child will be discussed with the volunteer who is a prospective match (i.e. demographic information, information relevant to volunteer preferences, and information relevant to child-safety and well-being).

I certify that all of the information on this form is true and correct and that all income is reported. I understand this information is being given for the receipt of federal funds, that the information on this application may be verified, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. I understand this information will not affect my qualification for the program.

I do hereby release the organization and its employees, agents, members, volunteers and all other persons on its behalf from any and all liability for any damage or injury which such child might sustain while participating in said program and activities, including but not limited to any liability to any right of action that may occur to such child directly, or to me as his/her guardian. I understand that this information may be shared with the school or with partnership agencies when applicable.

If my child is eligible for a match, I understand that the match will be based on compatibility in the following set of factors: geographic location, personalities, similar interests and hobbies, needs/strengths of the clients, and strengths of the volunteer, not upon the date of acceptance. I am aware that every effort is made to identify appropriate volunteers through the use of an extensive screening process.

Your signature below acknowledges and agrees that:

1. I will complete evaluation forms as requested by Youth Mentoring staff.
2. I grant permission for Youth Mentoring staff to share pertinent information with a potential volunteer.
3. I grant permission for my child to be interviewed by Youth Mentoring staff.
4. I have received, read, and understand the confidentiality policy and agree to program participation under the conditions it sets forth.
5. I have received, read and understand the Annual Parent/Guardian notification of Children's Aid Society's Sexual Misconduct Policies and Procedures.

Indicated below is the information I do not want shared with a potential volunteer: _____

If my child is matched with a mentor I agree to support my child's match by reviewing the program and safety information given to me by Youth Mentoring, communicating with Youth Mentoring staff as outlined in expectations (which includes communication at least once a month in the first year of the match), and immediately reporting any concerns I might have to Youth Mentoring staff.

Consent for Release of Personal Information:

During the course of program activities, we may utilize the following for fundraising and recruitment purposes:

- Photographs Radio Advertisements Newspaper Articles Video Tappings
 WTAJ Tappings Facebook/Website Miscellaneous Public Relation Materials/Sources Other:

These may be used for the purposes of program publicity, recruitment, and fundraising efforts related to the Youth Mentoring program. I hereby authorize Youth Mentoring to utilize any of the above for recruitment and fundraising (**Except for what is checked**)

If my child is matched with a mentor, I agree to support my child's match and to immediately report any concerns I might have to the Youth Mentoring staff.

I agree to the program provisions as stated above and relieve Youth Mentoring, a program of Children's Aid Society, of any responsibilities beyond those identified. I hereby waive any and all claims against the Children's Aid Society, its employees and board members, arising from activities, contacts and/or relationships as they may develop.

Parent/Guardian Signature: _____ **Date:** _____

Staff's Signature: _____ **Date:** _____