



APPLICATION FOR MENTORING PROGRAM

Teen Information Form (to be completed by teen if possible)

Name: _____

DOB: _____ Age: _____ Gender: _____ Sexual Orientation: _____

Ethnicity: _____ Phone: _____

Why are you interested in having a mentor?

What qualities or personal characteristics would you like in a mentor?

What things would you like to do with a mentor?

Please share some information about yourself that may be helpful in matching you with a mentor:

Parent Information Form (to be completed by parent/s)

Why do you think your child would benefit from a mentor?

What qualities or personal characteristics would you like in a mentor?

What things would you like your mentor to do with your child?

Please share some information about your child and family that may be helpful in determining a good match:

- Is your child current in counseling? No Yes
- Has your child had any prior counseling? No Yes
- Is your child in special education? No Yes
- Does your child receive any other services? No Yes

Please provide details to above questions:

MEDICAL HISTORY:

Where does your child get medical care? _____

Does your child suffer from any medical conditions: ___No ___Yes, please describe:

Please list current medications and dosage:

SUBSTANCE USE HISTORY:

Please describe if applicable: _____

Please complete parent information below:

Parent 1

Name: _____

Address: _____

Phone: _____ Is it okay to text or phone you? ___No ___Yes

Email: _____ Is it okay to email you? ___No ___Yes

Parent 2

Name: _____

Address: _____

Phone: _____ Is it okay to text or phone you? ___No ___Yes

Email: _____ Is it okay to email you? ___No ___Yes

Parents Relationship Status: _____

Percentage Of Time Child Spends With Each Parent: _____ Parent 1 _____ Parent 2

Referred By: _____

May we contact this person to thank them for the referral? ___No ___Yes

Please return completed form to Lawrence Shweky at LawrenceS@EMERGEcenter4sel.org