

Mentee Application



**IT'S FREE!!**

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 **YOUTH SERVICES MENTOR PROGRAM**

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Please return to:

Youth Services of Kittitas County  
213 West 3<sup>rd</sup> St Ellensburg, WA 98926

Questions: (509) 962-2737  
or [crystal-church@youthserviceskc.org](mailto:crystal-church@youthserviceskc.org)

# Request for a Mentor

(To be filled out by Youth & Parent)

Parent/Guardian: \_\_\_\_\_ Request date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's birth date: \_\_\_\_\_

Boy \_\_\_\_\_ Girl \_\_\_\_\_ Self-Describe \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone #: \_\_\_\_\_ Receiving Free or Reduced Lunch? Y or N

Email: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Race:**  White/European  American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander    **Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino

**PLEASE INDICATE YOUR PREFERENCES FOR YOUR CHILD'S MENTOR**

- I prefer a volunteer who is:**     Female     Male     No preference
- Outdoor/Nature-oriented     Athletic/Sports oriented     Crafts-oriented
- Hangout/relaxed     Hands-on/education-oriented     Animal Lover
- More physically active     More mentally active

**My child struggles with:**

Academic Issues	Behavioral Issues	Delinquency	Vocational Training
Self-Esteem	Study Habits	Social Skills	Peer Relationships
Family Issues	Special Needs	Attitude	Following Rules
Learning Disability	Respecting Authority	Suicide	Gangs or Peers
Juvenile Justice System	Substance Abuse	Anger Management	Other, specify:

Why do you feel this youth might benefit from a mentor?

What particular interests, either in school or out, do you know of that the child has?

What expectations do you have of Youth Services of Kittitas County in providing a mentor for your child?

On a scale of 1–10 (10 being highest) rate the student's level of:

- \_\_\_\_\_ Academic performance
- \_\_\_\_\_ Social skills
- \_\_\_\_\_ Self-esteem
- \_\_\_\_\_ Family support
- \_\_\_\_\_ Communication skills
- \_\_\_\_\_ Attitude about school/education
- \_\_\_\_\_ Peer relations

With what specific academic subjects, if any, does the student need assistance?

Is there any other information you believe would help us better understand your child?

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# Mentee Interest Survey

(To Be Completed by Youth)

Please complete all the following. This survey will help Youth Services of Kittitas County Mentoring Program know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentor? Please check all that apply.

Weekdays: \_\_\_ Lunchtime: \_\_\_ After school: \_\_\_ Evenings: \_\_\_ Weekends: \_\_\_  
Other: \_\_\_

Do you speak any languages other than English? If so, which languages?

What are some favorite things you like to do with other people?

What are your favorite subjects in school?

If you could learn about a job/career, what would it be?

What are your favorite subjects to read about?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday:

Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals/ Pets	<input type="checkbox"/>	Painting/ Photos	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas of special interest:

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# Contact and Information Release

(To be filled out by parent)

I, \_\_\_\_\_ (parent/guardian), authorize **Youth Services of Kittitas County** to exchange information with the following individuals or agencies regarding my child, \_\_\_\_\_, in order to enable **Youth Services of Kittitas County** to provide appropriate and effective services:

School Districts: Ellensburg/Kittitas/Thorp/Cle Elum-Roslyn

Bright Beginnings of Kittitas County

Washington State Department of Social & Health Services (DSHS)

Juvenile Justice Center/Police Department

Comprehensive Health Care

Counselor: \_\_\_\_\_ Other: \_\_\_\_\_

## **In addition, I authorize the following:**

\_\_\_\_\_ (initial) I give my consent to the use of photographs, videotapes, DVD, film and recordings of me and/or my child for use by Youth Services of Kittitas County for the purpose of promotion, marketing and recruitment.

\_\_\_\_\_ (initial) In giving this consent, I release Youth Services of Kittitas County, its officers, directors, agents, employees and assigns from any liability for any violation of any personal property rights which I might have in connection with such materials and waive any right to approve accompanying written or narrative material.

\_\_\_\_\_ (initials) I affirm that I am 18 years of age or older and have the right to enter into this agreement by signing below.

Confirmed and agreed to: \_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_  
Printed Name Date

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**Please initial each of the following**

\_\_\_\_\_ I give my informed consent and permission for my child to participate in the Youth Services of Kittitas County 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 be transported by his/her mentor and/or Youth Services of Kittitas County Mentor program staff or representatives while participating in the Youth Services of Kittitas County Mentoring Program, and that such transportation is voluntary and at his/her own risk.

\_\_\_\_\_ I release the Youth Services of Kittitas County Mentoring Program of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any Youth Services of Kittitas County mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

\_\_\_\_\_ I agree to allow Youth Services of Kittitas County Mentor program 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 return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Contact and Information Release Form
- Interest Survey Form
- Medical History

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

Please return or mail this application and the items listed above to Mentoring Program Coordinator, Youth Services of Kittitas County, PO Box 523, Ellensburg, WA 98926.

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## Medical History

(To be filled out by parent)

Name of Primary Care Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Does your child 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:

Does your child have any emotional issues or problems right now?

Is your child currently seeing a counselor or therapist?

Therapist's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **Please read this carefully before signing**

Youth Services of Kittitas County Mentoring Program appreciates you and your child'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 child to participate in the Youth Services of Kittitas County Mentoring Program.

After receiving this completed application from you, we will evaluate the information and contact you regarding the next steps to being accepted into the mentoring program. Much of the information you supply in this application packet will be used to match your child with an appropriate mentor. Therefore, the mentoring staff may, at times, need to access and share this information with prospective mentors and other parties when it is in the best interest of the match. However, we do not reveal names until there is an initial interest from the mentee, parent/guardian, and mentor based first upon anonymous information provided about each other.

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