



Mentee Application

Personal Information

Youth's Name: _____ Date: _____

Parent/Guardian Name: _____

Relationship to Youth: Mother ___ Father ___ Other, specify: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Parent Email Address: _____

Youth Social Sec. #: _____

Date of Birth ___/___/___ Age: _____ Gender: Male ___ Female ___

Ethnicity: White: ___ Hispanic: ___ African American: ___ Asian: ___ Other: ___

Name of School: _____ Grade: _____

Emergency Contact Name: _____ Phone Number: _____



Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Application Questions

Please answer **all** of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you want your child to participate in The T. E. A. Club mentoring program?
2. Briefly describe your expectations of The T. E. A. Club Mentoring Program:
3. Is your child available to meet with a mentor four to six hours per month and have contact at least once a week for a minimum of one year? Please explain any particular scheduling issues.
4. Is your child willing to attend an initial mentee training session and monthly training sessions after being matched?
5. Is your child currently having any problems either at home or school?
6. Describe your child's school performance including grades, homework, attendance, behaviors, etc.:
7. Describe your daughter's friendships.



8. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.

9. Can you provide any additional background information that may be helpful to The T. E. Club in matching your daughter with an appropriate mentor?

Medical History

Name of Primary Care Physician: _____ Phone: _____

Medical Insurance Provider: _____

Policy Number: _____ Phone: _____

Does your daughter have any physical problems or limitations?

Is your daughter currently receiving treatment for any medical issues?

Is she currently on any type of medication? If so, please specify.

Does your daughter have any known allergies or adverse reactions to medications? If yes, please describe them below:

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

Is your daughter currently seeing a counselor or therapist?

Therapist's Name: _____

Please read this carefully before signing



The T. E. A. Club 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 your daughter to participate in the The T. E. A. Club Mentoring Program.

After receiving this completed application, we will evaluate the information and send you a letter letting you know if your child has been 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 program director 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.

Please initial each of the following

_____ I give my informed consent and permission for my child to participate in The T. E. A. Club 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 her mentor and/or T. E. A. Club staff while participating in The T. E. A. Club Mentoring Program, and that such transportation is voluntary and at her own risk.

_____ I release The T. E. A. Club Mentoring Program of all liability of injury, death, or other damages to me, my child or family that may result from her participation in the program, including but not limited to transportation, and hold harmless any T. E. A. Club mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ (optional) I agree to allow The T. E. A. Club 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 Insurance Card

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 mail or email the completed application to:

LaMonica Clayton, Executive Director
4657 Westbank Expwy Suite 104
Marrero, LA 70072
lamonicaclayton@theteaclub.org