



Success for Our Kids

Mentee Application

(To Be Completed by the Parent/Guardian)

Parent E-Mail Address: _____ Date: _____

Personal Information (Please Print)

Youth's Name: _____ Age: _____

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

Parent/Guardian Name: _____

Person completing application: Mother ___ Father ___ Other, specify: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: (_____) _____ Work phone: (_____) _____

Parent's Cell # _____ Youth's Soc. Sec. #: _____

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

Name of School: _____

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/your child want to participate in a Mentoring Program?
2. Briefly describe your expectations for the SOKs mentoring program:
3. Is your child (ages 14-18) willing to work in the SOKs Summer Enrichment Camp as a Volunteer?
4. Is your child willing to attend an orientation session?
5. Describe your child's school performance including grades, homework, attendance, behaviors, etc.:
6. Does your child have friends? Please describe his/her friendships.
7. Is your child currently having any problems either at home or school?
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 about your child that may be helpful to the SOKs mentoring program?

Medical History:

Name of Primary Care Physician: _____ Phone No.: _____

Medical Insurance Provider: _____

Policy Number: _____ Phone No.: _____

Does your son/daughter have any physical problems or limitations? _____

Is your son/daughter currently receiving treatment for any medical issues? _____

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

Does your son/daughter have any known allergies or adverse reactions to medications, food, latex or other pollutants? If yes, please describe them below:

Does your son/daughter have any emotional issues or problems? Yes____ No ____

Is your son or daughter currently seeing a counselor or therapist? Yes____ No ____

If yes, please provide therapist's name:_____

Please read this carefully before signing

The SOKs mentoring program appreciates you and your child's interest in his/her becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their son/daughter to participate in the SOKs mentoring program.

After reviewing the completed application, you will be notified by the program coordinator of your child's acceptance into the Mentoring Program.

Please initial each of the following:

- _____ I give my informed consent and permission for my child to participate in the SOKS mentoring program and its related activities.
- _____ I give my informed consent and permission for my child (age 14-18) to volunteer with the SOKs Summer Enrichment Camp, if desired.
- _____ I agree to have my child follow all of the SOKs Mentoring Program guidelines and understand that any violation on my child's part may result in suspension and/or termination from the program.
- _____ I release the SOKs 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 of the SOKs mentoring 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 the SOKs Mentoring 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.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Child's Name

Parent/Guardian Signature

Date

Applicant Signature if 18 years or older

Date

Please return or mail this application to the SOKs Mentoring Program Coordinator, Charles Manuel at: P.O. Box 75257, Baton Rouge, LA 70874.

