



**Mentee Application**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender(circle): Male Female

Name of Parent(s)/Guardian(s) \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent(s)/Guardian(Cell:) \_\_\_\_\_

Work: \_\_\_\_\_

Parent(s)/Guardian(s) email: \_\_\_\_\_

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**Medical History**

Name of Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Provider:

\_\_\_\_\_

Policy Number \_\_\_\_\_

Insurance Phone: \_\_\_\_\_

Does your son/daughter have any physical limitations? If yes, please explain- Yes No

\_\_\_\_\_  
\_\_\_\_\_

Is your son/daughter currently receiving medical treatment? If yes, please explain- Yes No

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Is he/she currently taking medication? If so what? \_\_\_\_\_

Does your son/daughter have any known allergies? If so please list-

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Does he/she suffer from any emotional distress? If yes, please explain- Yes No

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Is your son/daughter currently under the care of a therapist or counselor?

Therapist name: \_\_\_\_\_

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**Please have your child answer the following questions:**

Why would you like a mentor?

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Please describe three things you are good at.

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Is there anything you would like to change about yourself?

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Are you involved in any school activities (clubs, sports, music, theater):

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List interests outside of school:

- 1.
- 2.
- 3.

Anything else you would like your mentor to know about you?

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I give my permission for my child\_\_\_\_\_ to participate in Salmon Valley Youth Mentoring program. I understand that as part of the enrollment process I will be asked to provide additional personal information and the Mahoney House is not obligated to match my child with a mentor. If my child is matched I agree to support the mentor and report any concerns to the Mahoney House.

Signature:\_\_\_\_\_

Date:\_\_\_\_\_