



SENECA MENTORING YOUTH LINKS

MENTEE APPLICATION

Part I

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_ Church: \_\_\_\_\_

Email: \_\_\_\_\_ Referred By: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Principal: \_\_\_\_\_

Any special classes or circumstances in school?

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Does the child have any special problems at home, school, or community?

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Why is a mentor being requested for this child?

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How did you learn about SMYL?

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Parent 1

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Own or Renting Home? (Circle one)

Parent 2

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Own or Renting Home? (Circle one)

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Part II

List the child's interest and hobbies:

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

Any special dislikes:

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

List organized activities or clubs in which the child participates:

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

Is child presently being seen by any other service agency? YES or NO (Circle one)

If so, name of the agency: \_\_\_\_\_ Case Worker: \_\_\_\_\_

Please indicate sources of income (not amount) of parent or guardian that the child is living with:

Work: \_\_\_\_\_ Welfare: \_\_\_\_\_ Support: \_\_\_\_\_ Social Security: \_\_\_\_\_ Veterans: \_\_\_\_\_ Other: \_\_\_\_\_

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**I HEREBY GIVE THE CHILD NAMED ON THIS APPLICATION PERMISSION TO PARTICPATE IN SENECA MENTORING YOUTH LINKS IF ACCEPTED BY THE AGENCY FOR INCLUSION.**

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