



PDW Foundation for Hope, Inc.
S.E.E.D.S Mentoring Program
YOUTH MENTEE APPLICATION
(To Be Completed by Parent/Guardian)

Personal Information

Youth's Name _____ Date _____

Parent/Guardian Name _____

Relationship to Youth: _____
Mother _____
Father _____ Other (please specify) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

Youths Date of Birth: _____ Age: _____ Gender: Male Female

Ethnicity: _____
White _____
Hispanic _____
African American _____
Asian _____
Other (please specify) _____

Name of School: _____ Grade: _____

Emergency Contact Name: _____ Phone Number: _____

Please list all members of your household.

| Name | Gender | Age | Relationship to Applicant |
|------|--------|-----|---------------------------|
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Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper. The answers to these questions will aid us in the matching process.

1. Why do you/your child want to participate in a mentoring program?

2. Briefly describe your expectations of the mentoring program?

3. Is your child available to meet with a mentor a minimum of one hour per week? Yes No

Please explain any particular scheduling issues that you may have.

4. Describe your child's school performance including grades, homework, attendance, behaviors, etc.

5. Does your child have friends? Please describe his/her friendships

6. Is your child currently having problems either at home or at school? If yes, provide details.

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

8. Can you provide any additional background information that may be helpful in matching your son/ daughter with an appropriate mentor? (Anything that we should be aware of that could be a trigger for you or your child.)

9. Do you have any religious preferences you would like for us to take into consideration?

10. Is there anyone your child should not have contact with?

Medical History

Name of Primary Care Physician: _____ Phone Number: _____

Medical Insurance Provider: _____

Policy Number: _____ Phone Number: _____

Does your son/daughter have any physical problems or limitations? Yes No

Is your son/daughter receiving treatment for any medical issues? Yes No

Is he/she currently taking any type of medications? Yes No

If yes, please explain _____

Does your son/daughter have any known allergies or adverse reactions to medications? Yes No

If yes, please explain _____

Does your son/daughter have any emotional issues right now? Yes No

If yes, please explain _____

Is your son/daughter currently seeing a counselor or therapist? Yes No

If yes, please explain _____

Please read this carefully before signing:

We appreciate 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 mentoring program.

After receiving this completed application from you, 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 that 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 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 S.E.E.D.S Mentoring Program and its related activities.

_____ I agree to have my child follow all of the 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 may be transported by his/her mentor while participating in the mentorship program, and that such transportation is voluntary and at his/her own risk.

I release the S.E.E.D.S Mentoring Program of all liability of injury, death, or 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 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 understand that I must return all of the following completed items along with this application, and that any incomplete information will result in the delay of this application being processed:

- Signed application
- Contact and Information Release Form
- Youth Mentee Guidelines/Instructions Form

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

Parent/Guardian Signature

Please return via email Support@PDWFoundationFH.org or mail application and all items listed above to:

PDW Foundation for Hope, Inc.

S.E.E.D.S Mentoring Program

Paul D. Wilson Foundation for Hope Inc.

12472 Lake Underhill Rd #208

Orlando, FL 32828

407-588-6916

Date

**PDW Foundation for Hope, Inc. Contact and
Information Release**

(To Be Completed by the Parent/Guardian)

Youth's Name _____

Date _____

I hereby grant permission for the S.E.E.D.S Mentoring Program to contact my child and conduct a personal interview for the purpose of applying to be a mentee.

Further, I understand that basic information about my child will be anonymously (without names) shared with a prospective mentor(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my and my child's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

Parent/Guardian Signature

Date

Parent Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____



YOUTH MENTEE GUIDELINES/INSTRUCTIONS

(To Be Completed by the Youth)

1. Be dependable and punctual! If you **will** be late or absent, please notify the mentor as soon as possible.
2. Never put yourself into situations that could be perceived as inappropriate. Meet in public places as much as possible. Examples- Never be in a home alone with your mentor. Never be in a bedroom or bathroom with your mentor.
3. Absolutely **NO** photos or sharing of information can be shared on social media sites!
4. Refer concerns to your guardian/contact person.
5. Never take any kind of medication (i.e., aspirin) from a mentor.
6. Smoking, drinking or drug use is not permitted while with a mentor.
7. Respect mentors' privacy. When meeting and talking with a mentor in public, avoid talking about private matters where others can hear.
8. Respect cultural and social differences and religious beliefs. Do not try to change them, but instead accept them as they are. Avoid imposing your own upon them.
9. Do not travel with your mentor without written consent from your parent/guardian.
10. Make any promises sparingly and keep them faithfully.
11. Mentor/mentee assignments may be changed if either the mentor or mentee request it.
12. Please do not carry weapons of any kind when spending time with your mentor.

Youth Mentee Signature

Date

Parent/Guardian's Signature

Date



Youth Interest Survey

Directions: This survey will help the PDW Foundation for Hope Inc. S.E.E.D.S Mentoring Program learn more about you and your interests and help us find a good match for you. Be sure to complete the entire survey.

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

Weekdays: ___ Lunchtime: ___ After school: ___ Evenings: ___

Other: ___ Weekends: ___

What careers are you interested in?

What is one goal you have set for the future?

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

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

If you had a whole day to do whatever you wanted, what would you do?

Circle ALL the words that best describe you:

| | | | | | |
|-------------|-----------|---------|----------|-------|---------|
| Quiet | Talkative | Shy | Friendly | Funny | Serious |
| Adventurous | Helpful | Moody | Happy | Sad | Active |
| Lonely | Outgoing | Popular | Cautious | Loud | Hopeful |

What is your favorite...

Music group? _____

Food? _____

Famous person? _____

Movie? _____

Book or story? _____

Video or computer game? _____

School subject? _____

Place to hang out? _____

Physical activity? _____

Time of year? _____

List two things you hate to do:

1. _____

2. _____

List at least two things you feel like you do well:

1. _____

2. _____

What qualities do you value in an adult?

Are there any other issues of importance to you that you would like to share with your mentor?

Why are you interested in participating in this program?

What do you hope to get out of your mentoring relationship?
