



Rec'd:
First outreach:
Scheduled?

**Mentee Referral**  
(To be completed by referral source)

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

Youth name: \_\_\_\_\_ DOB \_\_\_\_\_

Referred by: \_\_\_\_\_

Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The youth is in need of assistance in the following areas (check all that apply):

Mental Health	Behavioral Issues	Legal Issues	Career Planning	Other:
Self-Esteem	Housing	Social Skills	Peer Relationships	Other:
Family Issues	Cultural Adjustment	Educational	School Attendance	Other:

Why do you feel this youth might benefit from a mentor?

What particular interests does the youth have?

Additional comments:



**Mentee Application**  
**(To be completed with Parent/Guardian)**  
**Contact and Emergency Information**

**Youth**

First and Last Name: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Gender identity: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Best phone number: \_\_\_\_\_ cell home work (please circle one)  
May we leave a voice mail?    Yes    No    May we text you?    Yes    No

**Parent/Guardian 1:**

First and Last Name: \_\_\_\_\_ Relationship to mentee: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Best phone number: \_\_\_\_\_ cell home work (please circle one)  
May we leave a voice mail?    Yes    No    May we text you?    Yes    No  
Street Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Parent/Guardian 2:**

First and Last Name: \_\_\_\_\_ Relationship to mentee: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Best phone number: \_\_\_\_\_ cell home work (please circle one)  
May we leave a voice mail?    Yes    No    May we text you?    Yes    No  
Street Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Emergency Contact:**

First and Last Name: \_\_\_\_\_ Relationship to mentee: \_\_\_\_\_  
Best phone number: \_\_\_\_\_ cell home work (please circle one)  
May we leave a voice mail?    Yes    No    May we text you?    Yes    No  
E-mail Address: \_\_\_\_\_

Do you have any medical or mental health considerations that we should be aware of (please include allergies)? No    Yes: Please describe -

\_\_\_\_\_  
Preferred Physician: \_\_\_\_\_ Physician phone number: \_\_\_\_\_  
Preferred hospital: \_\_\_\_\_

### Youth Information

Eligible for Medicaid and/or Free/Reduced Price School Lunch?                      Yes                      No  
Self-identified race(s): \_\_\_\_\_ Self-identified ethnicities: \_\_\_\_\_  
Primary Language: \_\_\_\_\_ Preferred Service Language: \_\_\_\_\_  
Family's Primary Language: \_\_\_\_\_ Family's Preferred Service Language: \_\_\_\_\_  
Youth's highest level of education completed: \_\_\_\_\_ Year completed: \_\_\_\_\_

**Currently enrolled in school (please circle one)?** No      Yes:  
School Name: \_\_\_\_\_  
Current grade level: \_\_\_\_\_  
Have an IEP or 504 Plan?                      Yes      No  
Expected year of graduation: \_\_\_\_\_

**What best describes the youth's current employment situation? Please check all that apply.**

\_\_\_\_ Currently employed or in an employment training program:  
    \_\_\_\_ Employed full-time  
    \_\_\_\_ Employed part-time  
    \_\_\_\_ In a paid employment training program  
    \_\_\_\_ In an unpaid employment training program  
\_\_\_\_ Not currently employed and looking for work:  
    \_\_\_\_ Looking for full-time work  
    \_\_\_\_ Looking for part-time work  
\_\_\_\_ Not currently employed and not interested in employment right now:  
    \_\_\_\_ Student  
    \_\_\_\_ Other reason (please describe): \_\_\_\_\_

**Which best describes the youth's current living situation? Please check all that apply.**

\_\_\_\_ Living with family:  
    \_\_\_\_ Parents  
    \_\_\_\_ Other adult family members  
    \_\_\_\_ Friend's family  
    \_\_\_\_ Foster family  
\_\_\_\_ Living independently:  
    \_\_\_\_ In a rented apartment  
    \_\_\_\_ In a rented room  
    \_\_\_\_ In a home owned by youth  
    \_\_\_\_ Alone  
    \_\_\_\_ With friends  
\_\_\_\_ Living in a residential program (please describe): \_\_\_\_\_  
\_\_\_\_ Homeless or unstably housed:  
    \_\_\_\_ In a shelter or motel paid by state vouchers  
    \_\_\_\_ In a place not meant for human habitation  
    \_\_\_\_ Couch surfing  
    \_\_\_\_ Other (please describe): \_\_\_\_\_

Please list the members of your household including names and relationship to applicant:  
\_\_\_\_\_  
\_\_\_\_\_

**Youth Questions:** Your answers to the following questions will help us get to know you better so that we can make the best match available.

1. Why would you like a mentor?
  
2. What types of activities would you like to try with your mentor? (please circle all that apply)

Biking	Boating	Rock Climbing	Eating	Playing Sports	Library	Other:
Hiking	Swimming	Science	Art	Watching Sports	Yoga	Other:
Golf	Animals	Music	Crafts	Parks	Movies	Other:
Fishing	Bowling	Gardening	Cooking	Board Games	Shopping	Other:

3. Please tell us about your strengths and challenges including any additional background information that may be helpful in matching you with a mentor you will like.
  
4. What would you like your mentor to know about you?
  
5. Please describe what you would like in a mentor.
  
6. Is there anything else you would like us to know?

**Parent Questions:** Your answers to the following question will help us do our best work for your child and family.

1. Briefly describe your goals, hopes, and/or expectations for the Spectrum Mentoring Program.
  
2. Our program strives to have mentors meet with their mentees at least 4 hours per month and at least once per week for at least a full year. Will this work for you?  
  
 Yes                      No                      Other:
  
3. We may check in with each parent/guardian as often as once per month to discuss the prior month's activities.
  - a. What are the best days and times to reach you by phone?
  
4. Please tell us about your child's strengths and challenges including any additional background information that may be helpful in matching your child with an appropriate mentor (attach another sheet of paper if needed).

**Please read this carefully before signing:**

We appreciate you and your child's interest participating in our Mentoring Program. 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 Spectrum 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 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 an appropriate match is found.

**Please initial each of the following:**

\_\_\_\_\_ I give my informed consent and permission for my child to participate in the Spectrum 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 his/her mentor and/or Spectrum staff while participating in the Spectrum Mentoring Program, and that such transportation is voluntary and at is/her own risk.

\_\_\_\_\_ I release the Spectrum 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 Spectrum 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 give permission for my child to participate in the Spectrum Mentoring Program. I understand that my child will be supervised by a volunteer mentor for the Spectrum Mentoring Program. I appoint the above Spectrum Mentoring Program mentor as my temporary representative and representative(s) for the purpose of authorizing and consenting to hospital and/or medical care and/or treatment of the aforementioned child for any illness or injury which may occur while said child is in the care of the identified representative(s).

\_\_\_\_\_ (optional) I agree to allow Spectrum 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.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

\_\_\_\_\_  
Date