



**BRONX ONE ON ONE MENTORING PROGRAM C5 Thrive**  
*Transforming the future, one child at a time*

**Mentee Application**

(To Be Completed by the Parent/Guardian)

**Personal Information**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Youth: Mother \_\_\_ Father \_\_\_ Other Specify: \_\_\_\_\_

**Please Check all that Apply:** \_\_\_ Child in Foster Care \_\_\_ Incarcerated Parent/Guardian

**Incarcerated Person Name:** \_\_\_\_\_

**Inmate Number:** \_\_\_\_\_

**Name of Facility:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Ethnicity: White: \_\_\_ Hispanic: \_\_\_ African American: \_\_\_ Asian: \_\_\_ Other: \_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

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?

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2. Is your child available to meet with a mentor eight hours per month and have contact at least once a week for a minimum of one year? Please explain any particular scheduling issues.

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3. Is your child willing to attend an initial mentee training session and in-service training sessions quarterly during the school year after being matched?

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

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

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6. Is your child currently having any problems either at home or school?

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One on One Mentoring Program in matching your son/daughter with an appropriate mentor?

7. Can you provide any additional background information that may be helpful to Bronx

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### *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?

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

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

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

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Does your son/daughter have any emotional issues or problems right now?

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counselor or therapist?

Is your son or daughter currently seeing a

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If yes, Name and Telephone Number: \_\_\_\_\_

***Please read this carefully before signing:***

Bronx One on One 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 Bronx One on One 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 BOOM. 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 there is an initial interest from the mentee, parent/guardian, and mentor based first 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 Bronx One on One Mentoring Program and its related activities.

\_\_\_\_\_ I agree to have my child follow all the BOOM and Bronx County School District policies and guidelines and understand that any violation on my child's part may result in suspension and/or termination of the mentoring relationship.



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\_\_\_\_\_ I release the Bronx One on One 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 Bronx One on One participation in the program, including but not limited to transportation. Hold harmless any Mentoring Program 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 agree to participate in surveys that will allow me to report my experience with the mentoring program.

\_\_\_\_\_ (optional) I agree to allow Bronx One on One 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.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Interest Survey Form

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

***Please return or mail this application and all the items listed above to:***

Bronx One on One Mentoring program,  
14 West 170<sup>th</sup> Street Bronx, New York 10452



## BRONX ONE ON ONE MENTORING PROGRAM

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### **Mentee Interest Survey**

(To Be Completed by Youth)

Please complete all the following. This survey will help Bronx One on One Mentoring Program know more about you and your interests and help us find a good match for you.

What are the most convenient days for you to meet with your mentor?

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

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What are some favorite things you like to do with other people?

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What are your favorite subjects in school?

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If you could learn about a job/career, what would it be?

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What are your favorite subjects to read about?

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What is your favorite type of music/song?




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What is one goal you have set for the future?

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

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What person do you most admire and why?

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Describe your ideal Saturday.

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If you won a million dollars, what would you do with it?

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***Please check all activities you are interested in:***

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping



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List any other areas of special interest:

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