

ACE Mentoring Program Mentee Application Date _____

(To be completed by **Parent/Guardian**)

Student's Name: _____ Grade: _____

Age: _____ Date of Birth: ___/___/___ Gender: Male___ Female___

Ethnicity: White:___ Hispanic:___ African American: ___ Other: _____

Parent/Guardian Name: _____

Relationship to Youth: Mother___ Father___ Other Specify_____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

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 the ACE Mentoring Program?

2. Briefly describe your expectations for the ACE Mentoring Program:

3. Will you allow your child to meet with a mentor at least once a week during the school year?

4. Will you allow your child to attend training sessions and ACE Mentoring activities?

5. To your knowledge, is your child currently having any problems either at home or school?

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

7. Can you provide any additional background information that may be helpful in matching your son/daughter with an appropriate mentor? _____

Authorization to Release Form **Date** _____
(To be completed by **Parent/Guardian**)

Student's Name: _____

Grade: _____ Age: _____ Date of Birth: ___/___/___

Address: _____

City: _____ State: _____ Zip Code: _____

I give permission for my child to participate in the ACE Mentoring Program. Yes _____ No _____

Contact & Information Release

I hereby grant permission for the ACE Mentoring Program to make contact with my child

- On school premises for purposes of screening and interviewing
- Provide ongoing support of his/her participation in the mentoring program
- Obtain any needed information in regards to their academic and behavioral records, including conversations with teachers, counselors and other administrative staff

Upon determining a mentor, my child's academic information will be shared with his/her mentor to help facilitate a successful match. **Yes** _____ **NO** _____

Student Record Release

Authorization to access the following records in order to aid present and/or future educational decisions:

- Transcript information (includes identifying information, course titles, grades or equivalent grade level completion)
- Attendance record
- Achievement test results
- Individual Education Plan (IEP) **Yes** _____ **NO** _____

Photo Release

During the course of the school year, your son/daughter's photograph may be taken for newspaper publication and/or for our recruitment process.

I authorize my child's photograph and/or name to be released to newspapers for publication and/or for possible public relations and recruitment purposes. **Yes** _____ **NO** _____

Parent/Guardian/Student Name: _____

(Please print)
(If student signing, student must be 18 years old or older)

Parent/Guardian/Student Signature: _____

(If student signing, student must be 18 years old or older)

Address: _____ City: _____ State: _____ Zip: _____

ACE Mentoring Mentee Interest Survey

Date _____

(To be completed by Youth)

Please complete all the following. This survey will help ACE Mentoring Program know more about you and your interests plus help to find you a good match for a mentor.

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

Weekdays: Monday Tuesday Wednesday Thursday Friday

Period: 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

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

What are some of your favorite things you like to do with your friends? _____

What are your favorite subjects in school? _____

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

What are your favorite subjects to read about? _____

What is one goal you have set for the future? _____

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

What person do you most admire and why? _____

Please check all the 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"/> 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/
Pets | <input type="checkbox"/> Shopping | <input type="checkbox"/> Video
Games | <input type="checkbox"/> Painting/
Photos |