

**RMI MENTORING PROGRAM**  
*Creating New Directions*

**Mentee Application**  
(To Be Completed by the Parent/Guardian)

**Personal Information**

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Relationship to Youth: \_\_\_\_\_

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

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

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

Email Address: \_\_\_\_\_ Youth Social Sec. #: \_\_\_\_\_

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?
2. Briefly describe your expectations for RMI's mentoring program:

3. Is your child available to meet with a mentor 4 to 8 hours per month and have contact at least once twice a month for a minimum of one year? Please explain any particular scheduling issues.
4. Is your child willing to attend an initial mentee training session and two in-service training sessions per year after being matched?
5. Describe your child's school performance including grades, homework, attendance, behaviors, etc.:
6. Does your child have friends? Please describe his/her friendships.
7. Is your child currently having any problems either at home or school?
8. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.
9. Can you provide any additional background information that may be helpful to RMI in matching your son/daughter with an appropriate mentor?

### **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?

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

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

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

Does your son/daughter have any issues that would preclude him or her from participating in the RMI program.

Is your son or daughter currently seeing a counselor or therapist?

Therapist's Name: \_\_\_\_\_

**Please read this carefully before signing:**

RMI 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 RMI.

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 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 RMI 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 RMI staff or representatives while participating in the RMI mentoring program, and that such transportation is voluntary and at his/her own risk.

\_\_\_\_\_ I release the RMI 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 RMI mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

\_\_\_\_\_ (optional) I agree to allow RMI 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:

- Contact and Information Release Form
- 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.

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Parent/Guardian Signature

Date

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

Reality Mentor Incorporated,  
Mentee Application  
PO Box 521  
Hayward CA 94543