



MENTEE APPLICATION FORM

1651 Jefferson Parkway
Northfield, MN 55057 www.projectfriendshipmentoring.org
(507) 301-7705
info@projectfriendshipmentoring.org

SCREENING DATE:
MENTOR NAME:
MENTOR GRADUATION DATE:

MATCH START DATE:
MENTOR COLLEGE:
RELATIONSHIP MGR:

Forms can be mailed to the address at the top of the form or emailed to info@projectfriendshipmentoring.org
This form is confidential and will only be shared with your child's mentor.

YOUTH FIRST NAME: _____ YOUTH LAST NAME: _____

DATE OF BIRTH: _____ AGE: _____

SCHOOL CHILD ATTENDS: _____

GRADE: _____ GRADUATION DATE: _____

GENDER: Female Male Trans

ETHNICITY: _____

YOUTH HOME PHONE # : _____

YOUTH CELL PHONE # (if applicable): _____

YOUTH EMAIL ADDRESS (if applicable):: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

PRIMARY LANGUAGE SPOKEN BY CHILD: _____

OTHER LANGUAGE SPOKEN BY CHILD: _____

PARENT/GUARDIAN FULL NAME: _____

RELATIONSHIP TO CHILD: _____

PARENT/GUARDIAN EMAIL: _____

HOME PHONE #: _____ CELL PHONE #: _____

ETHNICITY: _____

HOUSEHOLD INCOME: <25,000 25,001-35,000 35,001-50,000 50,001-75,000 >75,000
(for grant reporting only)



BEST WAY TO CONTACT/REACH YOU: Cell Phone Home Phone Work Phone Email

EMERGENCY CONTACT PERSON - FULL NAME: _____

EMERGENCY CONTACT PERSON - RELATIONSHIP TO YOUTH:

EMERGENCY CONTACT PERSON - PHONE#: _____

Check the boxes that best describe your child's personality and/or any areas that you'd like the relationship to focus on below.

- Quiet Outgoing/Energetic Inquisitive Sensitive
- Adventurous Anxious Confident Withdrawn Insecure/Low Self-Esteem
- Spiritual/Religious Agressive Family Stress Making/Keeping Friends
- Behavior Concerns Emotional Problems Academic Concerns
- Other concern(s): _____

Check your child's areas of interest and list examples of their favorite things.

- Athletic/General interest in sports
- Not Athletic/No interest in sports
- Arts/Crafts
- Theatre
- Music
- Computers
- Board Games/Legos
- Animals
- Reading/Writing
- Science



History

Math

Video Games

Others: _____

Please tell us what you hope to gain from this mentoring program. *(For example: gain confidence in making new friends, build self-esteem, how to do better in school, someone for them to talk to about difficult issues)*

What kind of person, personality traits or specific requests would you like your mentor to have? We will try our best to accommodate the requests. *(For example: sense of humor, friendly, mentor that has experience with things like gender identity, divorce, sexual orientation, anxiety/depression, physical or cognitive disabilities, etc.)*

How did you hear about Project Friendship? _____
(social worker, teacher, friend/family member, Healthy Kids Day, Google search, Facebook ad, etc)

Are any other family members currently in Project Friendship? YES NO

What are their names and their relationship to the child?: _____

College Mentor Preference: CARLETON ST. OLAF EITHER

Are you able to transport/arrange transportation for your child to meet with the mentor on a weekly basis?

YES NO



PARENT/GUARDIAN CONSENT AND LIABILITY RELEASE FORM

I, give my consent for Project Friendship mentoring program to match my child, with a student attending Carleton College or St. Olaf College. I understand that participation will include weekly one-to-one visits with the college student volunteer and attendance at several group wide events during the school year.

I also give consent for my child to participate in all Project Friendship's activities; including all organized activities and transportation. In consideration of the advantages of participation in the Project Friendship program, the undersigned agrees that Project Friendship, its agents, and its employees shall be released and exempt from any liability for damages for bodily injuries or property damages that may occur as a result of participation in Project Friendship, except to the extent of insurance liability as provided by law. I release Project Friendship from all claims for injuries or harm incurred while my child is participating in the program.

Project Friendship carefully screens volunteers before they are matched with a child. Each new mentor has a background check done by the BCA (299C.62), been interviewed twice by the Executive Director, two reference checks and have attended orientation/training. Although Project Friendship carefully selects its volunteers, it assumes no liability for the actions of the college student volunteers while in the company of your child.

I authorize the school district to release and exchange any requested information regarding my child that may help in the matching process or betterment of the child.

I give permission to Project Friendship to have access to attendance and academic records.

I consent that photographs may be taken of my child by Project Friendship. And that these photos are the property of Project Friendship and may be reproduced for marketing and publicity purposes only, free from any claim on my part. Project Friendship will never use names with photographs.

I have read and understand the above statements.

PARENT/GUARDIAN NAME (please print): _____

PARENT/GUARDIAN SIGNATURE: _____

TODAY'S DATE: _____

*******PLEASE COMPLETE AND RETURN WITH MENTEE APPLICATION*******



YOUTH AGREEMENT FORM

By choosing to participate in the Project Friendship mentoring program I agree to the following:

- Have a positive attitude and be respectful of my mentor.
- Make a year-long commitment to being matched with my mentor.
- Meet once a week with my mentor and obtain parent/guardian permission for all meeting times.
- Be on time for scheduled meetings, phone calls, or IM meeting or I will call my mentor at least 24 hours beforehand if I am unable to make a meeting.
- Tell my mentor if I'm comfortable or not with a certain activity.
- Follow the rules of the program and my parent(s).
- Tell my parent(s) about the activities my mentor and I do together.
- Tell my parent(s) or program staff if I am uncomfortable with the relationship between my mentor and me. I will not get in trouble for feeling this way. Program staff will help me sort out my feelings.
- Tell my parent(s) or program staff if my mentor is doing something wrong when I'm with them.
- Expect my mentor to treat me as a friend. My mentor should not share personal information with others unless there is possible threat of harm to me or others.
- Not go into dorm rooms or have overnight visits with my mentor.

I understand and agree to follow these policies.

MENTEE NAME (please print): _____

MENTEE SIGNATURE: _____

Parents please sign here after reading and explaining these policies to your child.

PARENT/GUARDIAN NAME (please print): _____

PARENT/GUARDIAN SIGNATURE: _____

TODAY'S DATE: _____

*******PLEASE COMPLETE AND RETURN WITH MENTEE APPLICATION*******