



Mentee Application

Contact Information

Youth's Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Caregiver's Phone #: _____ Youth's Cell Phone #: _____

May we text you? ___Yes___No

Sex: M F Age: _____ Race/Ethnicity: _____

Date of Birth: _____

Primary Language: _____ Other Languages Spoken: _____

Academic:

Name of School: _____ Grade: _____

Please choose your highest academic interests by marking 1 through 4 for choices:

____ Science	____ English	____ Environment
____ Computers	____ Business	____ History
____ Art	____ Medical Fields	____ Government
____ Math	____ Music	____ Other: _____

Career Goal: _____

Interests:

Favorite Singer: _____

Favorite types of music: _____

Favorite TV shows: _____

I like to read books about: _____

My favorite sports teams are: _____

I like these pets: _____

I would like extra help with my school work: Yes No

Please circle all the activities you are interested in:

Playing Sports:	Watching Sports:	Outdoor Activities:	Indoor Activities:	Other Activities:
Basketball	Basketball	Fishing	Cooking	Arts and Crafts
Football	Football	Hiking	Library	Tennis
Baseball / Softball	Baseball / Softball	Park	Board Games	Dancing
Hockey	Hockey	Bike Riding	Movies	Gardening
Soccer	Soccer	Walking	Shopping	Animals
Ice Skating	Ice Skating	Beach/Swimming	Yoga	Drawing
Volleyball	Volleyball	Kayak / Canoe	Singing	Writing
Gym / Exercise	Gymnastics	Roller-skating	Listening to Music	Sewing

Please list any other hobbies or areas of strong interest:

Please circle the response that is closest to how you really feel about the statement.

- | | | | |
|--|-----|----|-----------|
| 1. I like school. | Yes | No | Sometimes |
| 2. I am doing well in school. | Yes | No | Sometimes |
| 3. I get in trouble with my teacher. | Yes | No | Sometimes |
| 4 I have tried to start fights with other kids. | Yes | No | Sometimes |
| 5. When I ask my parent(s) or the adults that take care of me a question, they usually listen. | Yes | No | Sometimes |
| 6. I talk about my thoughts and feelings with my father. | Yes | No | Sometimes |
| 7. I talk about my thoughts and feelings with my mother. | Yes | No | Sometimes |
| 8. When you break the law, you have to be punished. | Yes | No | Sometimes |
| 9. I worry about what will happen to my mom/dad while they are in jail. | Yes | No | Sometimes |
| 10. I know why my mom/dad is in jail. | Yes | No | Sometimes |
| 11. I was there when my mom/dad was arrested. | Yes | No | |
| 12. I am mad at the police for arresting my mom/dad. | Yes | No | Sometimes |
| 13. I feel like what happened to my family is my fault. | Yes | No | Sometimes |
| 14. I have self confidence. | Yes | No | Sometimes |
| 15. I tell my friends about my mom/dad being in jail. | Yes | No | Sometimes |
| 16. I feel like the only kid in the world who has a parent in jail. | Yes | No | Sometimes |
| 17. Do you write letters/cards to your mom/dad in jail? | Yes | No | Sometimes |
| 18. Do you talk to your parent on the phone? | Yes | No | Sometimes |
| 19. Does your mom/dad in jail write letters/cards to you? | Yes | No | Sometimes |
| 20. Do you visit your mom/dad in jail? | Yes | No | Sometimes |
| 21. Do you miss your mom/dad? | Yes | No | Sometimes |
| 22. Overall, how do you feel about what is happening in your family? | | | |

Mentee's signature

Date

February 1, 2015



Caregiver Application

Caregiver's Name: _____ Date: _____

Relationship to youth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone # _____

Best contact number: _____ May we text you? ___Yes___No

Email: _____

Please provide any employment information:

Name of Employer: _____ Work # _____

Sex: M F Birthdate: ___/___/___ Race/Ethnicity: _____

Primary Language: _____ Other Languages Spoken: _____

Please provide alternate contact numbers to reach you, only if we are unable to reach you with the telephone numbers listed above (friend, family member, neighbor)?

Name: _____ Relationship: _____

Telephone Number: _____

Name: _____ Relationship: _____

Telephone Number: _____

Name: _____ Relationship: _____

Telephone Number: _____

I agree to allow Seton Youth Shelters to use the alternate telephone numbers to contact me, only if they are unable to reach me through my contact numbers. I understand that MCP staff will need to tell the alternate contacts the name of the staff member who is calling and the name of the agency.

Signature

Date

Application Questions

1. How did you hear about the mentoring program?
2. Could you tell me about your expectations for the Seton Youth Shelters MCP Program:
3. What goals would you like a mentor to work on with your child?

4. Do you have any preferences for your child's mentor:

Male Female No Preference

*Female youth will always be matched with a female mentor.

Age: ___20-30 ___31-40 ___41-50 ___51+ ___No Preference

Race or Ethnicity: _____

*We will accommodate you as the program allows. Prior to matching your child with a mentor, we will contact you and let you know about the mentor first.

5. Would you feel comfortable with your child participating in religiously affiliated activities with the mentor? If yes, please provide any information regarding your child's beliefs we should know about. ***Please note Seton Youth Shelters is **NOT** religiously affiliated and this is not a requirement or a recommendation by Seton Youth Shelters' staff.
6. Is your child available to meet with a mentor for a minimum of one hour per week for a minimum of one year?
7. How is your child doing in school (academically, socially, and behaviorally)? **Please include the most recent grades in core classes.**
8. Is your child currently having any problems either at home or school? **Please include any difficulties with communication or anger management.**
9. Do you have any concerns about the child's use of alcohol or drugs?
10. Does the child have access to regular health care?
11. Do you need any healthcare-related information about the child?
12. Are there any services needed by the child that are not being provided?

13. When the child's parent gets out of jail, what will the living situation be?

14. Have you seen any major changes in the child's behavior since the parent went to jail? If yes, please describe the changes.

15. Does the child visit the parent in jail?

16. Does the child want to visit the parent in jail?

17. Does the child have any communication with the parent? (phone, letters, etc.)

18. When is the parent scheduled to be released from prison?

19. How long has he/she been there?

20. Where is the parent incarcerated?

21. On what charges?

22. What does your child know about the incarceration?

23. Has the child participated in community service activities?

24. Has the child participated in counseling? If yes, where and for how long?

Please indicate which, if any, of the following agencies or offices are currently providing services to you or your child, and indicate what services you or the child are receiving:

Department of Human Services _____

Substance Abuse Services _____

Public Schools _____

Public Health Services _____

Mental Health Services _____

Parole Officer and/or Police Department _____

Juvenile and/or Adult Court System _____

Other _____

Signature of Caregiver/ Guardian

Date

Please read this carefully before signing:

Seton Youth Shelters MCP 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 Seton Youth Shelters MCP 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 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 Seton Youth Shelters' MCP 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 Seton Youth Shelters' staff or representatives while participating in the Seton Youth Shelters' MCP Program, and that such transportation is voluntary and at his/her own risk.

_____ I release the Seton Youth Shelters' MCP 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 Seton Youth Shelters 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 attest that my child has been affected by incarceration.

_____ I understand that Seton Youth Shelters might host group events that my child may attend. I understand that it is my sole discretion whether or not my child may attend these outings as the Seton Youth Shelters' Mentoring Children of Prisoners name may be used at these group outings.

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

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 the items listed above to Mentoring Program Director,
Seton Youth Shelters, 3333-28 Virginia Beach Boulevard, Virginia Beach, Virginia 23452.

February 1, 2015

Seton Youth Shelters Mentoring Program Medical History and Authorization for Emergency Medical Services

Child's Full Name: _____ **Age:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

DOB: _____ **Height:** _____ **ft.** _____ **in.** _____ **Weight:** _____ **lbs**

Allergies (Foods, Drugs, Pets, Other): _____

Caregiver Name: _____ **Phone:** _____

Alternate Emergency Contact: _____ **Phone:** _____

Medical Insurance: _____ **Policy #:** _____

Primary Physician: _____ **Phone:** _____

Address: _____

Date of Last Physical Exam: _____

Mental Health:

Name: _____ **Dates From:** _____ **To:** _____

Agency: _____ **Phone:** _____

Address: _____

Dentist: _____ **Phone:** _____

Address: _____

Current Medications:

1.) **Prescription:** _____

2.) **Non-Prescription:** _____

Medical & Surgical History and Current Medical Problems and Diagnoses:

Past and/or Present Infectious Diseases:

General Health Review: Indicate specific problems in the "Comment" section.

Cardiovascular ___ Yes ___ No Neurological ___ Yes ___ No

Respiratory ___ Yes ___ No Visual: Glasses ___ Yes ___ No

Musculoskeletal ___ Yes ___ No Contacts ___ Yes ___ No

Skin ___ Yes ___ No Auditory:

Stomach/Intestinal ___ Yes ___ No Hearing Aide ___ Yes ___ No

Genitourinary ___ Yes ___ No Oral/Dental ___ Yes ___ No

Speech ___ Yes ___ No

Special Needs/Conditions: _____

Family Medical History: Parents, Grandparents, Siblings, or Children

			WHO
Diabetes	___ Yes	___ No	_____
Cancer	___ Yes	___ No	_____
Hypertension	___ Yes	___ No	_____
Heart Disease	___ Yes	___ No	_____
Tuberculosis	___ Yes	___ No	_____
Epilepsy	___ Yes	___ No	_____
Hepatitis	___ Yes	___ No	_____
STD	___ Yes	___ No	_____
Kidney	___ Yes	___ No	_____
Mental Illness	___ Yes	___ No	_____
Substance Abuse	___ Yes	___ No	_____ Type: _____
Other			_____
Comments: _____			

Sexual History

Sexually Active: Y/N/Unk Children: Y/N History of STD: Y/N Type: _____
 History of Pregnancy: Y/N Miscarriage: Y/N Abortion: Y/N Current Pregnancy: Y/N/Unk

Substance Abuse	Date of Onset	Frequency	Amount	Last Used
Nicotine	_____			
Alcohol	_____			
Marijuana	_____			
Crack/Cocaine	_____			
Ecstasy	_____			
LSD	_____			
PCP	_____			
Other	_____			
Comments: _____				

Completed By: _____ **Date:** _____

Authorization to Initiate Emergency Medical Services

I/We, _____, authorize Seton Youth Shelters Mentoring Program Representative to initiate Emergency Medical Services for _____ in the event I cannot be contacted.

This document is to be presented to the physician/hospital/EMS Personnel as an indication of authorization for emergency medical services. This authorization is intended to relieve physician/hospital/EMS Personnel from any liability resulting from the failure of the legal guardian from signing a consent or authorization to render such care.

It is my understanding that this form also serves to establish my consent and permission for the above named minor to participate in Seton Youth Shelters Mentor Program.

 Parent/Legal Guardian Date

 Seton Youth Shelters Representative Date