

100 Black Men of Greater Seattle, Inc.

Mentee Application (To be completed by Parent/Guardian)

Personal Information

Youth Name: _____ Date _____

Parent/Guardian Name: _____

Relationship to Youth: Mother _____ Father _____ Other _____

Street Address: _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Work Phone Number _____

Email Address _____

Youth Social Security Number (*optional*): _____ Do you have any past or current trouble with law enforcement: Yes _____ No _____ if yes explain what happen:

Date of Birth _____ Age _____ Grade _____

Ethnicity: _____ Name of School: _____

Emergency Contact Name: _____ Phone Number _____

List All Members of Your Household:

Name	Sex	Age	Relationship

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 of the 100 Black Men of Greater Seattle "4 For the Future" program?
- 3) Is your teenager able to meet with a mentor at least 8 hours a month and have contact at least once a week 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 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 100 BMG Seattle Inc in matching your son with an appropriate mentor?

MEDICAL HISTORY

Name of Primary Care Physician _____

Phone Number _____

Policy Number _____

- 1) Does your son have any physical problems or limitations?
- 2) Is your son receiving treatment for any medical issues?
- 3) Is your son currently on any type of medication? If so, please specify?
- 4) Any allergies or adverse reactions to medication? If yes, please describe in detail?
- 5) Does your son have any emotional issues or problems right now?
- 6) Is your son currently seeing a counselor or therapist and what is the therapist name?

FAMILY INFORMATION

- 1) Are both mother and father in the household?
- 2) Is the family receiving any government assistance?
- 3) What's the highest education of the father? _____ what's the highest education of the mother? _____
- 4) Is the family in need of financial assistance or resources?

- 5) Are you in need of debt recovery resources?
- 6) Is there a working computer with Internet access or service in the home?
- 7) Is there a designated study area for your son in the home?
- 8) Does he participate or play any sports?
- 9) Does he sing, rap, play an instrument, or play computer games?
- 10) What is his favorite course study or subject at school?
- 11) Have you discussed sex education and/or the responsibilities of reproduction and intercourse?
- 12) Is there anything that you can share with us that will allow us to make a mentor/mentee match?

Please Read This Carefully Before Signing:

100 Black Men of Greater Seattle mentoring program sincerely appreciates you and your child's interest in him becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their child to participate in 100 Black Men of Greater Seattle mentoring program.

After receiving this completed application from you, we will evaluate the information and send you a letter informing you if your child has been accepted into the mentoring program. Much of the information you supply on this application 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 100 Black Men of Greater Seattle 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 may or will be transported by his mentor and/or 100 Black Men of Greater Seattle staff or representatives while participating in the 100 Black Men of Greater Seattle programs, and that such transportation is voluntary and at his own risk.***

_____ ***I release 100 Black Men of Greater Seattle Inc company and/or staff and the programs from all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his participation in the program, including but not limited to transportation, and hold harmless any 100 Black Men of Greater Seattle Inc. and/or 100 Black Men of America Inc., mentors, program staff, or other representative, both collectively and individually, of any injury, physical, or emotional, other than where gross negligence has been determined.***

_____ ***(Optional) I agree to allow 100 Black Men of Greater Seattle Inc. to use any photographic image(s) of my child taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.***

I understand once accepted that I must also complete a mentee assessment/evaluation. Any incomplete information on my application will result in the delay of my application being processed.

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

Parent/Guardian Signature _____ Date _____

Please return a completed application by mail or scan & email to 100 Black Men of Greater Seattle Inc 1700 7th Avenue, Suite 116 #334 Seattle, WA 98101 or by print, fill out and scan & email it) to dpearson@100BMGSeattle.com. If for any reason you're not able to print or email completed application please contact Renee Hilderbrand, COO directly at (206) 356-3610 for instructions.