



MENTEE APPLICATION

(To be completed by child/adolescent's parent or guardian)

Client Information

Last Name _____ First Name _____ Middle Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone #: _____ Other Phone# _____

Nickname _____ Date of Birth _____

Ethnicity _____ Religion _____

Are any of your family members currently incarcerated? **Yes** **No**

First Language _____ Second Language _____

1135 Lincoln Street
Red Bluff, CA 96080

(530) 528-7358 : ph
(530) 529-4120 : fax

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School Information

School Name _____

Address _____

City _____ State _____ Zip _____

Grade _____ Teacher's Name _____

Counselor's Name (if applicable) _____

Reason for Counseling: _____

List all organizations or programs in which your child is currently involved. (For example, Scouts, 4H, church groups, social service programs). _____

List any physical limitation or special needs your child has: _____

List any special medical care your child is receiving and the doctor who cares for your child: _____

Have you or your child received assistance from another agency or clinic, such as Family & Children Services, or another mentoring program? **Yes** **No**

If yes, please explain: _____



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Were you referred to Tehama County Mentoring Program by another agency? **Yes** **No**

If yes, which agency: _____

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Parent or Guardian's Contact Information

Last Name _____ First Name _____ Middle Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone #: _____ Other Phone# _____

Nickname _____ Date of Birth _____

Ethnicity _____ Religion _____

First Language _____ Second Language _____

If you do not have a phone, please list a neighbor or relative where you can be reached:

Name _____ Relationship _____ Phone # _____

Who has legal custody of the child for which you are applying? _____

Teen's Parent or Guardian's Employment Information

Are you currently employed? **Yes** **No**

Name of Employer _____ Position _____

Can you be reached at work? **Yes** **No** Best time to contact: _____

If you are not currently employed, please list your source of income: _____

Parent or Guardian's Education

Name of Parent: _____

Highest Level of Education Completed: *(Circle One)*

High School **Community College** **Technical College** **University** **Other** _____

Degree(s) Earned: _____

City of the School: _____ State _____

Subject Studied : _____



Parent or Guardian's Current Family Status (*Circle One*)

Married (Date: _____) **Divorced** (Date: _____)
Separated (Date: _____) **Single or Dating** **Other**

Does your spouse or significant other live with you? **Yes** **No**

Spouse or significant other's name: _____

Spouse or significant other's occupation: _____

Do any of the following apply: common law arrangement, live-in relationships, or special situations. **Yes** **No**

If yes, please explain: _____

In order of their births, list all children presently living in your home:

1. Name _____ Gender _____ Date of Birth _____

School/Occupation _____ Grade _____

2. Name _____ Gender _____ Date of Birth _____

School/Occupation _____ Grade _____

3. Name _____ Gender _____ Date of Birth _____

School/Occupation _____ Grade _____

4. Name _____ Gender _____ Date of Birth _____

School/Occupation _____ Grade _____

5. Name _____ Gender _____ Date of Birth _____

School/Occupation _____ Grade _____

Non-Custodial Parent Information

Last Name _____ First Name _____ Middle Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone #: _____ Other Phone# _____

How much contact does the non-custodial parent have with the child? _____

If you have joint custody, does the other custodial parent support your child becoming a mentee?

Yes **No**



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List all others who live in your home, such as grandparents, other relatives, or roommates:

1. Name _____ Gender _____ Date of Birth _____
Relationship _____

2. Name _____ Gender _____ Date of Birth _____
Relationship _____

3. Name _____ Gender _____ Date of Birth _____
Relationship _____

4. Name _____ Gender _____ Date of Birth _____
Relationship _____

Do you object to the agency notifying the absent parent of the child's participation with Tehama County Mentoring Program? **Yes** **No**

If yes, please explain: _____

NOTE: Absent parent notification will not be made until you have signed a release of information.

Date form completed: _____

Please mail application to:

Tehama County Mentoring Program
1135 Lincoln St
Red Bluff, CA96080
530-528-7358



INTERESTS • SKILLS • HOBBIES CHECK LIST

Client's Name: _____ Date: _____

1. Circle all areas of interest:

- | | | | |
|---|------------------------|--|----------|
| Archery | Pool | Video Games | Cooking |
| Horseback riding | Football | Baseball/Softball | Hunting |
| Camping/Hiking | Soccer | Golf | Movies |
| Picnics | Tennis/Ping-Pong | Snow Skiing | Concerts |
| Boating/Water Skiing | Basketball | Track/Running | Dancing |
| Swimming | Shopping | Frisbee/Hacky Sac | Sewing |
| Volleyball | Ceramics | Bicycling | Fishing |
| Computing | Model Airplanes | Gardening | Painting |
| Eating/Going to Dinner | Martial Arts/Wrestling | Woodworking | Cards |
| Legos | Photography | Museums | Drawing |
| Rollerblading | Skateboarding | Music/Singing | Bowling |
| Working Out/Body Building | Rock Climbing | Gymnastics | Games |
| Animals: zoos, farms, pet care | | Collecting: coins, rocks, stamps, other | |
| Science: electronics, aviation, chemistry | | Cars: racing, go-carts, soap boxes, CB's | |

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2. What do you like to do that is not on the list? _____

3. What do you do most? (*Circle One*)

Play alone

Play with a friend

Play with a group

4. What kind of pets do you have? _____

5. What kind of musical instrument do you play, if any? _____

6. What do you like to read best? _____



CONSENT TO SHARE SUMMARY INFORMATION

Clients's Name: _____

Parent's/Guardian's Name: _____

I have read the attached summary of information prepared by Tehama County Mentoring Program about my child and consent to its disclosure to a potential match mate for my child. I understand that my child and myself will not be identified by name until the match meeting where my child and I will meet his/her mentor.

I give my permission for the match summary information to be shared with a potential match mate only based upon the above conditions. This consent expires one year from the date indicated below, or at the time a match is formalized, whichever occurs first.

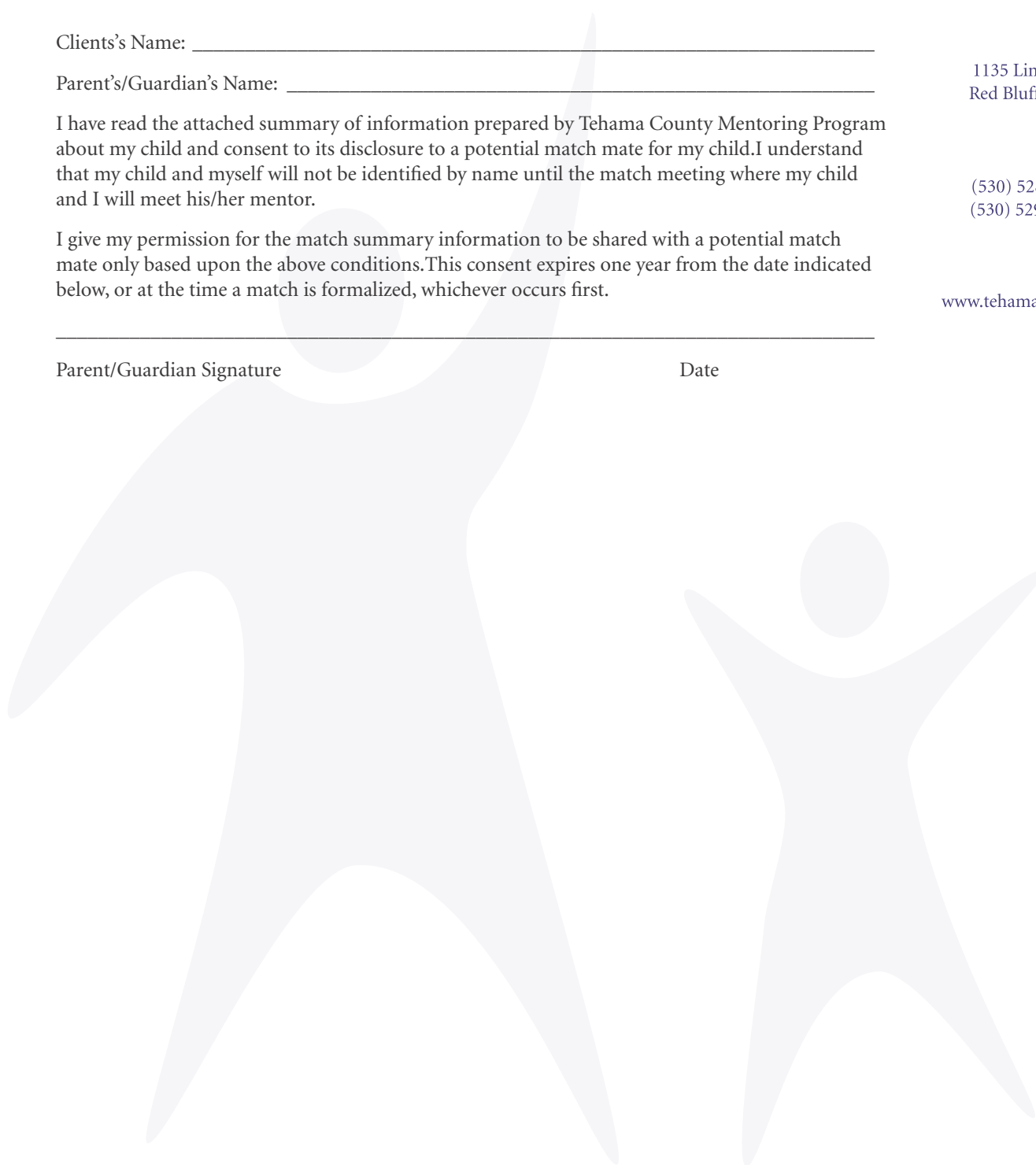
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Parent/Guardian Signature

Date





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MENTEE SUMMARY SHEET

Gender: _____ Date of Birth: _____ Grade: _____

Birth Place: _____

Summary of Special Needs: _____

Summary of Physical Limitations: _____

Summary of Medical Care Issues: _____

Family Status (*Circle One*):

Single

Dating

Married

Divorced

Separated

Widow

Number of Siblings: _____

Summary of Family Issues: _____

Summary of Why Parent/Guardian Signed Child Up for Program: _____

Summary of Child's Interests: _____

Summary of Why Child Wants a Mentor: _____
