



MENTEE APPLICATION: MENTORING MOMS

(To be completed by teen mom and signed by parent/guardian if teen is a minor)

Contact 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 _____

Please describe your household (with whom do you live?) _____

1135 Lincoln Street
Red Bluff, CA 96080

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

www.tehamamentoring.org

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 you are currently involved. (For example, Scouts, 4H, church groups, social service programs). _____

List any physical limitation or special needs you have: _____

List any special medical care you receive other than for your pregnancy and the doctor who cares for you: _____



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

If yes, please explain: _____

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

If yes, which agency: _____

If you are pregnant

Do you receive regular prenatal medical care? **Yes** **No**

If yes, where do you receive it and who is your medical provider: _____

Are you receiving services from WIC? **Yes** **No**

If you are parenting (have already delivered)

Child's Name _____ DOB _____

Was baby born premature? **Yes** **No** Hospital _____

Birth weight _____ Are you receiving services from WIC? **Yes** **No**

Where do you go for well-baby visits? _____

If you are pregnant or parenting

Do you receive services from NVCSS Nurse Home Visitation? **Yes** **No**

Do you receive services from Cal Safe (Barbara Thomas or Michelle Rosauer)? **Yes** **No**

Why would a mentor be beneficial to you? What do you hope to learn or accomplish with your mentor? _____

What are your dreams for your child? _____



Teen's 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 # _____

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: _____

Teen's 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 : _____

Teen's 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 _____

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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**

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 _____



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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.

Teen Mother's Signature

Date

Teen's Parent/Guardian Signature

Date

Please mail application to:

or

Fax application to:

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