

Mentee Application and Intake Information

eliminating racism empowering women

ywca

kalamazoo

In order for us to find the best mentor we can for you and to keep proper program statistics, we ask that you answer the following questions. **If you need assistance in filling out this form, please call the YW-Mentoring Program at 345-6025 or 345-5595.**

Personal Information (please print)

Name _____

Address _____
City State Zip

Phone _____(H) _____(W) _____(Cell)

Please list the name, address, phone number(s), and relationship of a person who will always know how to reach you:

Name _____ Relationship _____

Address _____
City State Zip

Phone _____(H) _____(W) _____(Cell)

If necessary, may we contact him/her *only* if we are unable to reach you? Yes _____ No _____

Date of Birth ____/____/____ Age ____ Sex ____ Marital Status _____

Ethnicity (circle one): African-American Asian/Pacific Islander Caucasian (white)
Hispanic Multi-Ethnic Other _____

How many children do you have? Girls _____ Boys _____

What are the ages of your children? Girls _____ Boys _____

Do your children live with you? Yes, all _____ Yes, some _____ No _____

What is your usual method of getting places (transportation)?

What major cross streets are near your home?

Goals

1. Do you have an educational goal? Yes _____ No _____

If yes, what is your goal? (circle one):

High School Diploma GED Employment/Training Program One Year Certificate
Associate's Degree Bachelor's Degree Other _____

2. Do you have an employment goal? Yes _____ No _____

If yes, what is it? _____

3. Do you have any specific personal goals? Yes _____ No _____

If yes, are they? _____

4. What are you doing now to reach these goals (educational, employment and/or personal)?

5. What are the major barriers/problems for you in reaching and/or setting your goals?

Educational Information

1. What was the last grade of school you completed? _____

2. Are you presently attending school or a training program? Yes _____ No _____

If yes, where? _____

What program or course of study (major) are you pursuing? _____

How many credit hours are you required to complete in your program? _____

How many credit hours have you completed? _____ GPA _____

Are you receiving any kind of student financial aid? Yes _____ No _____

General Information

Which of the following best describes your house life (circle one)?

Live Alone Live with Spouse/Partner Live with Roommate(s) Live with Parents
Single Parent Family Two Parent Family Group Home Other _____

1. What are your interests and hobbies?
2. In what way could a mentor help you?
3. Do you prefer a mentor who is a non-smoker? Yes _____ No _____ Don't Care _____
4. Are you a smoker? Yes _____ No _____
5. Are there any circumstances or lifestyles that mentor may have that you would feel uncomfortable with in a partner (i.e. obesity, religion, interracial relationships, child rearing beliefs, alcohol consumption, lesbian, bisexual, transgender, etc.)?
6. Are there other preferences, concerns, or information you'd like us to know?

Employment/Work Information

1. Are you employed outside of the home? Yes _____ No _____
If yes, Name of Employer _____
Job/Position _____
Days, hours, and times you work per week _____

2. What is your past work experience?

Signature _____ Date _____

PLEASE RETURN THIS FORM TO:
YWCA Mentoring Program
353 E. Michigan Avenue
Kalamazoo, MI 49007

If you become a mentee in the YWCA Mentoring Program, this form will be required. Feel free to fill it out and send it back with the application or you may bring it with you to your interview.

Name _____ Date _____

Since the focus of the YWCA Mentoring Program (YW-MP) is economic self-sufficiency through education and training, we need to get a "baseline" of information about your income and financial situation. The information entrusted to us is highly sensitive in nature, and we have an obligation to respect clients' privacy and to protect that information from being disclosed without written consent. This information serves three purposes 1) provides a measure of your progress for program monitoring, 2) provides statistical information about program participants, which is reported to YW-MP funders, and 3) it help the YW-MP prioritize services when necessary.

Thank you for your cooperation in providing this information.

Employment and Income

Are you employed outside of the home? Yes ____ No ____

If yes, Name of Employer _____

Job/Position _____

Average hours per week you work _____

Hourly wage/salary _____

Does your employer offer any of the following benefits? (circle all that apply)

Health Insurance Life Insurance Sick Leave Paid Vacation
Tuition Reimbursement Retirement Plan (pension) Other _____

Monthly Income Amount from:

Personal Employment Earnings \$ _____

Spouse's or Partner's Employment Earnings \$ _____

Child Support \$ _____

Aid to Dependent Children (AFDC) \$ _____

SSI \$ _____

Food Stamps (monthly amount) \$ _____

WIC coupons (estimated monthly value) \$ _____

Other (please specify

_____ \$ _____

_____ \$ _____

Total \$ _____

How many people does this support? _____