

Teen Mentee Application and Intake Information

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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

About the YWCA Mentoring Program

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The YWCA Mentoring Program promotes the idea that anyone who is sufficiently courageous, determined, and committed can rise from poverty to self-sufficiency and economic independence. The program emphasized the importance of education and/or training as a way of being qualified for jobs with greater earning potential.

Teenagers are in a very important stage of life. In just a few years they will have responsibility for providing for themselves, and many of them may not have thought about that a great deal. It is hoped that the program will help them discover more about themselves, the world of work, and their community.

The YWCA Mentoring Program provides personal support and encouragement to women and girls seeking self-sufficiency and improved self-esteem by matching them with trained mentors who will help them explore options, set positive goals, and direct their own futures.

The mentee/mentor relationship is a partnership. Potential participants are interviewed, screened, and provided with introductory training. Mentors receive additional training in order to carry out their roles without *directing* mentees. Hopefully both partners will take responsibility for keeping in touch with one another. It is expected that if addresses or phone numbers change, the mentor or mentee will let her partner and/or the program know so services can continue.

Mentors and mentees are also expected to have weekly contact. With teen mentees, mentors or program staff may be transporting them for program-related activities and events.

Permission to Participate in the YWCA Mentoring Program

I hereby give my permission for _____ to participate in the YWCA Mentoring Program. I understand that there may be events and activities that require transportation and give my permission for here to ride with staff, volunteer(s), or her mentor to and from such events. I also give permission for the YWCA of Kalamazoo to use any photos taken of her during these events in the future at their discretion.

I affirm that I have the authority as a parent or legal guardian to give such permission.

Parent/Guardian Signature _____

Relationship _____ Date _____