



# Youth Application Form

Date \_\_\_\_\_

Youth's First Name \_\_\_\_\_

Youth's Last Name \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Relationship to Youth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Primary Phone \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about Guiding Light?

☐ Ad ☐ Guiding Light Mentoring Staff ☐ Family Member

☐ Website ☐ Current Volunteer ☐ Friend

☐ University ☐ Current Mentee

## Youth's Personal Information

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

## Youth's Personal Information cont.

Ethnicity

☐ African American

☐ Caucasian

☐ Asian

☐ Hispanic

☐ Other, please specify.

---

Name of School \_\_\_\_\_

Grade \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

List All Members Of Your Household (Name, Sex, Age, Relationship to Applicant)

---

---

---

---

---

---

# Application Questions

Please Answer all of the following questions as completely as possible.

If you need more space to write, please write on a separate sheet and attach with completed application.

Why do you and your child want to participate in a mentoring program?

---

---

---

Briefly describe your expectations for Guiding Light Mentoring.

---

---

---

Is your child available to meet with a mentor at a minimum of four hours per month and have contact at least once a week for a minimum of one year? Please explain any particular scheduling issues.

---

---

---

Is your child willing to attend an initial meeting to meet the other mentees and mentors?

**Yes   No**

Describe your child's school performance including grades, homework, attendance, behaviors, etc.

---

---

---

## Application Questions cont.

Does your child have friends? Please describe his/her friendships.

---

---

---

Is your child currently having any problems either at home or school?

---

---

---

Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.

---

---

---

Can you provide any additional background information that may be helpful to Guiding Light in matching your son/daughter with an appropriate mentor?

---

---

---

## Medical History

Does your son/daughter have any physical problems or limitations?

---

---

---

## Medical History cont.

Is your son/daughter currently receiving treatment for any medical issues?

Yes   No

Is he/she currently on any type of medication? If yes, please specify.

---

---

---

Does your son/daughter have any known allergies or adverse reactions to medications? If yes, please specify.

---

---

---

Does your son/daughter have any emotional issues or problems right now?

---

---

---

Is your son or daughter currently seeing a counselor or therapist? If so, which doctor?

---

---

---

## Other Applicant Information

What are the most convenient times to meet? Please check all that apply.

☐ Lunchtime

☐ Evenings

☐ During School

☐ Weekends

☐ After School

Do you speak any languages other than English? If so, which languages?

---

---

What are some favorite things you like to do with other people?

---

---

---

What are your favorite subjects in school?

---

---

---

If you could learn about a job/career, what would it be?

---

---

---

## Other Applicant Information cont.

What are your favorite subjects to read about?

---

---

---

What is one goal you have set for the future?

---

---

---

If you could learn something new, what would it be?

---

---

---

What person do you most admire and why?

---

---

---

Describe your ideal Saturday.

---

---

---

# Other Applicant Information cont.

Please check all activities you are interested in.

- |                                  |                                   |                                    |   |
|----------------------------------|-----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Biking  | <input type="checkbox"/> Boating  | <input type="checkbox"/> Eating    | <input type="checkbox"/> Board Games          |
| <input type="checkbox"/> Hiking  | <input type="checkbox"/> Swimming | <input type="checkbox"/> Gardening | <input type="checkbox"/> Going to the Library |
| <input type="checkbox"/> Golf    | <input type="checkbox"/> Animals  | <input type="checkbox"/> Cooking   | <input type="checkbox"/> Yoga                 |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Science  | <input type="checkbox"/> Sports    | <input type="checkbox"/> Movies               |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Music    | <input type="checkbox"/> Parks     | <input type="checkbox"/> Shopping             |

☐ Other, please specify.

---

---

---

Any other areas of special interest to you and your child?

---

---

---



# Consent

Please read this carefully before signing: Guiding Light Mentoring appreciates you and your child's interest in his/her becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their son/daughter to participate in the Guiding Light Mentoring. Please know that after receiving this completed application from you, we will evaluate the information and personally contact you letting you know if your child has been accepted into the mentoring program. Much of the information you supply in this application packet 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 check each of the following:

☐ I give my informed consent and permission for my child to participate in the Guiding Light 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 will be transported by his/her mentor and/or Guiding Light Mentoring staff or representatives while participating in the Guiding Light Mentoring program, and that such transportation is voluntary and at his/her own risk.

☐ I release the Guiding Light Mentoring program of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any Guiding Light mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

☐ **(Optional)** I agree to allow Guiding Light Mentoring to use any photographic image of my child taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return completed form to:

**4141 Hamilton Avenue Suite #1  
Cincinnati, Ohio 45223**

If you have questions, please contact:

**info@guidinglightmentoring.org  
513.541.9777**