



COMMUNITY CONNECTIONS YOUTH MENTORING PROGRAM
Mentee Application
(completed by the parent/guardian)

Date: _____

Personal Information

Youth's name: _____

Date of birth: ___ / ___ / ___ Age: _____
 dd m yr

Gender: Male ___ Female ___

Name of school: _____ Grade: _____

Parent/Guardian Name: _____

Relationship to youth: Mother ___ Father ___ Other - specify: _____

Mail and street addresses: _____

City: _____ Province: _____ Postal Code: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email address: _____

Emergency Contact Name: _____

Phone Number: _____

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant



Medical History

Name of Primary Care Physician: _____ Phone: _____

Care Card Number: _____

Does your son/daughter have any physical limitations or health concerns?

Is your child currently receiving treatment for any medical issues?

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

Does your son/daughter have any known allergies or adverse reactions to medications? If yes, please describe them below:



Please read this carefully before signing:

Community Connections Youth Mentoring Program 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 Community Connections Youth Mentoring Program.

After receiving this completed application, we will evaluate the information and notify you to inform whether or not 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 initial each of the following:

_____ I give my informed consent and permission for my child to participate in the Community Connections Youth 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 Community Connections staff or representatives while participating in the Community Connections Youth Mentoring Program, and that such transportation is voluntary and at his/her own risk.

_____ I release the Community Connections Youth 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 Community Connections 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 Community Connections 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.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- **Contact and Information Release Form**
- **Interest Survey Form**

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Parent/Guardian Signature

Date

Please return or mail this application and the items listed above to:

Youth Mentoring Program

Community Connections (Revelstoke) Society
314 2nd St. East
Box 2880
Revelstoke B.C.
V0E 2S0