



Cho-Zen Mentoring Program

YOUTH MENTEE APPLICATION

(This section is to be completed by the parent /guardian.)

Personal Information

Youth's Name _____ Date _____

Parent/Guardian Name _____

Relationship to Youth: ___ Mother ___ Father Other (please specify) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work : _____ Cellphone: _____

Youths Date of Birth: _____ Age: _____ Gender: ___ Male ___ Female

Ethnicity: ___ White ___ Hispanic ___ African American ___ Asian ___ Other (please specify) _____

Name of School: _____ Grade: _____

Emergency Contact: _____ Phone Number: _____

Please list all members of your household.

Name	Gender	Age	Relationship to Applicant



(This section is to be completed by the parent /guardian.)

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper. The answers to these questions will aid us in the matching process.

1. Why does your child want to participate in a mentoring program?

2. Briefly describe your expectations of the mentoring program.

3. Is your child available to meet with a mentor at least once per week? ___ Yes ___ No Please explain any particular scheduling issues that you may have.

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

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

6. Is your child currently having problems either at home or at school? If yes, provide details.



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

8. Can you provide any additional background information that may help match your son/ daughter with an appropriate mentor? (Anything that we should be aware of could be a trigger for you or your child.)



Mentee Questionnaire

(This section is to be completed by the child.)

Are you interested in the youth leadership program? If, so what would this program look like to you?

What do you hope to gain from this program?

Note any involvement with extracurricular activities (sports, clubs, etc.):

Interests, hobbies, or activities you would enjoy sharing with a mentor:

What do you think would be helpful in having a mentor?

____ Someone to talk with ____ Encouragement ____ Gaining Perspective
____ Personal growth ____ Service hours Other: _____

What would you like to accomplish through connecting with a mentor?

____ Direction ____ Spiritual Growth ____ Safe place for me to talk
____ Positive outlook ____ Accountability Other: _____



Describe the personality of a person or people with whom you get along well:

- | | | | | |
|-------------------|---------------|------------------|-----------------|---------------|
| ___ Listener | ___ Wise | ___ Deep thinker | ___ Encourager | ___ Energetic |
| ___ Imaginative | ___ Athletic | ___ Adventurous | ___ Outgoing | ___ Reserved |
| ___ Free spirited | ___ Funny | ___ Sarcastic | ___ Intelligent | ___ Talkative |
| ___ Organized | ___ Confident | ___ Outspoken | ___ Humble | |

Other: _____

Finish the sentence below. No answer is right or wrong.

I really feel connected when _____

I feel angry when _____

I am most joyful when _____

A job or task that I really enjoy is _____

I feel hurt when _____

What is the most important thing that you think your mentor should know about you?



Please INITIAL each of the following:

____ I give my informed consent and permission for my child to participate in the Cho-Zen Mentoring Program and its related activities.

____ I agree to have my child follow all of the 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 may be transported by his/her mentor while participating in the mentorship program and that such transportation is voluntary and at his/her own risk.

____ I release the Cho-Zen Mentoring Program of all liability of injury, death, or 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 mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

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

- Signed application
- Contact and Information Release Form
- Youth Mentee

Guidelines/Instructions Form

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

Parent/Guardian Signature

Date



YOUTH MENTEE GUIDELINES/INSTRUCTIONS

(To Be Completed by the Youth)

1. Make your education your top priority.
2. Be dependable and punctual! If you will be late or absent, please notify the mentor as soon as possible.
3. Never put yourself into situations that could be perceived as inappropriate. Meet in public places as much as possible.

Examples— Never be in a home alone with your mentor. Never be in a bedroom or bathroom with your mentor.

4. Absolutely NO photos or sharing of information can be shared on social media sites without permission!
5. Refer any concerns to your parent/ guardian or Cho-Zen contact person.
6. Never take any kind of medication (i.e., aspirin) from a mentor without verbal permission from a parent/guardian.
7. Smoking, drinking or drug use is not permitted!
8. Respect mentor's privacy. When meeting and talking with a mentor in public, avoid talking about private matters where others can hear.
9. Respect cultural, social differences, and religious beliefs. Do not try to change them, but instead accept them as they are. Avoid imposing your own upon them.
10. Do not travel with your mentor without written or verbal consent from your parent/guardian.
11. Mentor/mentee assignments may be changed if either the mentor or mentee requests them.
12. ALWAYS be on your best behavior! Carry yourself in a respectful and bell behaved manner. Remember you're the future leaders of this city, county, state, or nation.

Youth Mentee Signature

Date

Parent Signature

Date



Cho-Zen Mentoring Program

YOUTH MENTEE APPLICATION

(To Be Completed by Parent/Guardian/Mentee)

Youth's Name _____ Date _____

I hereby grant permission for the Cho-Zen Mentoring Program to make contact with my child to conduct a personal interview for the purpose of applying to be a mentee or a youth leadership council member.

Further, I understand that basic information about my child will be anonymously (without names) shared with a prospective mentor(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my and my child's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

Youth Signature

Date

Parent/Guardian Signature

Date

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

Cho-Zen Mentoring Program

Attn: Clarissa Gardner

PO Box 631

800 Willow St.

Springfield, TN 37172