



**HEALTH RECORD**

THIS CONFIDENTIAL HEALTH RECORD WILL ONLY BE USED TO ENSURE THE SAFETY OF THE CHILDREN IN THE PROGRAM. THIS INFORMATION WILL NOT BE SHARED OUTSIDE OF THIS PROGRAM.

- 1. List any allergies, illnesses, or health concerns the mentor should be aware of and any instructions if needed:

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- 2. Does your child have any special situations or needs that program staff and mentors should be aware of? Please describe below:

- Child has behavior/emotional difficulties: \_\_\_\_\_
- Child has physical disabilities: \_\_\_\_\_
- Other (describe): \_\_\_\_\_

- 3. Does your child have any special health care needs that require treatment or medication?  
 Yes  No

If yes, please describe. If your child requires treatment and/or medication during the time they are being mentored, please describe their treatment.

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**Child's Medical Emergency Information**

Name of Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US? (SOCIAL WORKER OR REFERRING PARTY OR EVENT)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

Recruiting Event: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Questions**

Please answer the following questions as completely as possible.

A. Please describe any previous mentoring experience your child has had, and how you would like your child to benefit from the Youth Connections Mentoring Program. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

B. How has your child reacted to the incarceration of his/her parent? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

C. Does your child currently have any problems, either at home or school? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

D. Has your child experienced any traumatic events (i.e. death in the family, abuse, divorce)? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

E. Can you provide any additional background information that may be helpful in matching your child with an appropriate mentor? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

F. Check all activities that interest your child:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library	<input type="checkbox"/>	Sewing
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga	<input type="checkbox"/>	Church
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies	<input type="checkbox"/>	Dancing
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Reading	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping	<input type="checkbox"/>	Scrap Booking

## Contact Information and Release

Youth Connections Soaring Toward Excellence Program Mentoring Project 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 Mentoring Project. Each child accepted into the Mentoring Project must, at the time of application processing, have a parent(s) that is incarcerated in a state or federal prison.

After receiving this completed application form, we will evaluate the information and send you a letter letting you know if your child has been accepted into the mentoring project. 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 any names until there is an initial interest from the mentee, parent/guardian, and mentor based upon anonymous information provided about each other.

**Please initial each of the following:**

\_\_\_\_ I hereby grant permission for Youth Connections Soaring Towards Excellence Program Mentoring Project to make contact with my child and conduct a personal interview for the purposes of applying to be a mentee. The Mentoring Project may also make contact with my child on school premises for the purposes of screening and interviewing, as well as ongoing support of his/her participation in the mentoring project.

\_\_\_\_ I authorize the Mentoring Project to obtain any needed information regarding my child from his/her school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff.

\_\_\_\_ 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, myself, my child's identity, and other relevant information will be shared with the mentor to the extent that it aids in facilitating a successful match.

\_\_\_\_ I give my informed consent and permission for my child to participate in the Mentoring Project and related activities. I further agree to have my child follow all mentoring project 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 mentoring project staff or representative while participating in the Mentoring Project, and that such transportation is voluntary and at his/her own risk. I also release the Mentoring Project staff or its representatives of all liability of injury, death, or other damage to me, my child, family, estate, or heirs that may result from his/her participation in the project, including but not limited to transportation, and hold harmless any Mentoring Project staff, project staff, or its representatives, both collectively and individually, of any injury, physical or emotional.

\_\_\_\_ I agree to allow the Mentoring Project to use any photographic image of my child taken while participating in the mentoring project. 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:

**\* Completed Application\* Contact and Information Release 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

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Date