



T A H O E
YOUTH & FAMILY
S E R V I C E S
A SAFETY NET OF SERVICES FOR YOUTH AND FAMILIES

**Mentor Program
Parent/Guardian Application**

Dear Parent or Guardian:

You play a very important role in the success of the mentor relationship. Please complete the following questions to help us successfully match your child.

Name of Child/Youth _____

Phone Numbers: _____

Address: (Physical) _____

(Mailing) _____

City/State/Zip: _____

Email _____ Birth date: _____ Sex: M F

Ethnicity: Native American _____ African American _____ Latino/Hispanic _____
Pacific Islander _____ Caucasian _____ Other _____ *please specify*

Name of Parent/Guardian: _____

Describe your child's personality: _____

Has your child received services from Tahoe Youth & Family Services in the past? If yes, please explain:

Describe your idea of a mentor that would best suit your child: _____

Would you have a concern regarding the ethnicity or sexual orientation of a mentor? If yes, please explain _____

What do you hope your child will gain from having a mentor?

Do you have any concerns about your child having a mentor? If yes, please explain. _____



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TAHOE MENTOR PROGRAM Eligibility Form

This form is to ensure that the youth to be enrolled in the Tahoe Mentor Program meets all eligibility requirements.

Child's Name _____ Date of Birth _____

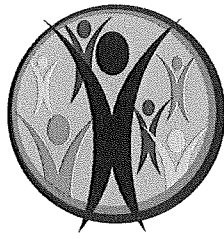
Parent that is incarcerated: Mother _____ Father _____

Other (Specify) _____

Length of Sentence: _____ Federal or State facility where serving the sentence: _____

Any special circumstances surrounding case pertaining to child's life:

We understand that this is a challenging time in you and your child's life. The role of the Tahoe Mentor Program is to provide support and tools for your child to handle their situation most effectively. Mentors are not parents. They have been trained to be an ally and build a friendship with the child. The program will strive to offer your child a sense of companionship and feeling of knowing that they are not alone in having an incarcerated parent.



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TAHOE MENTOR PROGRAM Parent and Child Consent Form

The Tahoe Mentor Program will provide a trained mentor who will give special attention and support to your child. We are asking for your consent to allow your child to participate in the program.

Child's Name: _____ () May () May not (check one)

Participate in the Tahoe Mentor Program.

Date: _____ Signature of Parent/Guardian: _____

Parent/Guardian (please print): _____

(Below is youth portion to sign)

I, _____ () Agree () Do not agree (check one)

to participate in the Tahoe Mentor Program.

Date: _____ Signature of Youth: _____

Please list a friend or relative's name and phone number (someone who will always know where to reach you):

Name: _____

Phone Number: _____



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Photograph Release

Part I

I hereby authorize Tahoe Youth & Family Services to photograph me.

Print name: _____

Sign name: _____ Date _____

Part II

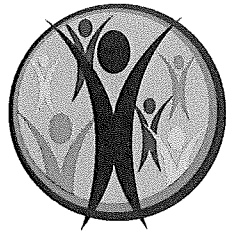
I also authorize Tahoe Youth & Family Services to use the photographs in their newsletter, website, advertisements, annual reports and various other agency publications.

Authorizing Signature

____/____/____
Date

Witness Signature

____/____/____
Date



T A H O E
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SERVICES
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Getting To Know You

List your favorite(s) in the following categories.

1. Movie _____
2. Band/Singer _____
3. Movie Star _____
4. Book _____
5. Food/Meal _____
6. Store _____
7. Friend _____
8. Outdoor Activity _____
9. Indoor Activity _____
10. Place _____
11. Sport/Hobby _____
12. Relative _____
13. Holiday _____



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Complete the following sentences.

The thing I like least about school is:

I live with:

Do you have any pets? List what type of animal and their name(s).

What career/job are you interested right now?

What activities would you like to do with a mentor?

Happiness is...

What is special about me...
