



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

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.

Birthday _____ Phone # _____

Name of Child/Youth _____

Address _____

Name of Parent/Guardian: _____

Describe your child's personality: _____

Has your child received services from Tahoe Youth & Family Services in the past? _____

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, 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, explain. _____