



YOUTH APPLICATION FOR MENTORING PROGRAM

Please answer the following questions as completely as possible. This information will help us to match you with the right mentor. (Please print)

Today's date _____

Name _____ Male _____ Female _____ (check one)

Address _____ City _____ State _____ ZIP _____

Telephone _____ Parent's Name _____

If you are not living with your mother or father, who is your legal guardian?

Name _____ Relationship to you _____

How many brothers and sisters do you have? _____ Their ages are: _____

My favorite kind of music is _____ My favorite television show is _____

My favorite sport is _____ My favorite book is _____

My best subject in school is _____ My worst subject in school is _____

Are you a Boys & Girls Club member? Yes _____ No _____

Do you have any after-school responsibilities? Yes _____ No _____

If yes, what are they? _____

Describe your special interests and hobbies (e.g. sports, arts & crafts, computers, music, reading, cooking, games, career interests, foreign languages, painting, reading, etc.)

What clubs or groups do you belong to? _____

What do you like to do most with your free time? _____

How could a mentor help you? _____

What do you hope to get out of your mentoring relationship? _____

Is there anything that you would like to share with your mentor? _____

What would you like to do with your mentor? _____

Why are you interested in participating in this program? _____

I agree that I will meet with my mentor at the Boys & Girls Club only at the times and locations arranged between us. I also agree to notify my mentor or my Club if I am unable to make a weekly meeting.

(Signature of Youth)

(Date)