Mentee Application

Idreamacademy@gmail.com
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Personal Information:

Youth's Name: _____

Parent/Guardian Name: _____

Relationship to Youth: Mother_____ Father_____ Other/Specify _____

Street Address _____

City _____ State _____ Zip _____

Home Ph _____ Work Ph_____ Cell Ph _____

Youth Social Sec # _____

DOB: _____ Age: _____ Gender: M____ F_____

Ethnicity: White ____ Hispanic ____ African-American ____ Asian ___ Other ____

Name of School: _____ Grade: _____

Emergency Contact Name: _____

Emergency Contact Ph # _____

Please list all members of your household:

Name	Gender	Age	Relationship to applicant

Medical History

Name of Primary Care Physician: _____

PCP PH#: _____ Medical Insurance Provider: _____

Policy Number: _____ Phone # _____

Does your son/daughter have any physical problems or limitations?

_____

_____

Is your son/daughter currently receiving treatment for any medical issues?

_____

_____

Is your son/daughter currently on any type of medication? Please specify:

_____

_____

Does your son/daughter have any known allergies or adverse reactions to medications? Please specify:

_____

_____

Is your son/daughter currently seeing a counselor/therapist?

Counselor/Therapist Name: _____

Phone# _____

Contact & Information Release

(To be completed by the Parent/Guardian)

Youth Name: _____ Date: _____

School: _____

I hereby grant permission for Inspirational Speaking LLC/ I Dream Academy (Mentoring & Development) to make contact with my child & conduct a personal interview for the purposes of receiving a Mentor. Inspirational Speaking LLC/I Dream Academy (Mentoring & Development) may also make contact with my child on school premises for the purpose of screening & follow-up, as well as ongoing support of his/her participation in the mentoring program.

I authorize Inspirational Speaking LLC/I Dream Academy (Mentoring & Development) to obtain any needed information regarding my child from his/her school's staff, including academic & behavioral records & conversations with teachers, counselors, & other administrative staff pertaining to his/her development while in the auspice of the program.

Further, I understand that the information about my child will be anonymous. Once a Mentor/Mentee match is determined, then will my child's identity & other relevant information be shared with the Mentor to the extent it aids in facilitating a successful match for the benefit of both parties.

Parent/Guardian Signature: _____

Date: _____ Parent/Guardian Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: H: _____ W: _____

C: _____

Mentee Interest Survey

What are the most convenient times to meet with your Mentor? Please check all the apply.

Weekdays: _____ Lunch time: _____ During School: _____ After School: _____

Evenings: _____ Weekends: _____ Other: _____

Language Spoken other than English:

_____

_____

What are some favorite activities that your child likes to do?

_____

_____

What School subject(s) does your child enjoy?

_____

_____

Which jobs/careers would your child like to learn about/explore?

_____

_____

What type of books/subjects does your child enjoy reading about?

_____

_____

What is one goal you have set for the future?

_____

_____

What person does your child most admire/respect? What is it about this person that makes your child admire them?

_____

_____

Please check all activities that interest your child:

__Biking
__Baseball
__Gymnastics
__Basketball
__Wrestling
__Cheerleading
__Football
__Boxing
__Drill Team/Dance
__Soccer
__Tennis
___Volleyball
__Golf
__Track
__Yoga
__Swimming
__Camping
__Fishing
__Science
__Gardening
__Parks
__Animals
__Hiking
__Skating
__Singing/Music
__Art/Drawing
__Board Games
__Movies
__Shopping
__Reading/Library
__Cooking

Please list any other areas of special interest:

_____
_____