



Partners IN Education

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Does your child want to participate in the program?
2. Do you want your child to participate in the program?
3. Why do you/your child want to participate in a mentoring program?
4. Briefly describe your expectations for the PIE School-Based Mentoring Program:
5. Is your child allowed to meet with mentors during school hours 4 hours per month (not interrupting core classes) and have contact at least once a week for a minimum of one year? Please explain any particular concerns or issues.
6. Is your child willing to attend an initial mentee training session and two training sessions per year after being matched?
7. Describe your child's school performance including grades, homework, attendance, behaviors, etc.:
8. Does your child have friends? Please describe his/her friendships.
9. Are there any restrictions, reservations or limitation regarding the gender, race, sexual orientation or religion of the mentor? If yes, please explain.
10. Is your child currently having any problems either at home or school?
11. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.



Partners IN Education

12. Can you provide any additional background information that may be helpful to PIE School-Based in matching your son/daughter with an appropriate mentor?

Medical History

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

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

Is he/she currently on any type of medication? If so, please specify.

Does your son/daughter have any known allergies or adverse reactions to medications? If yes, please describe them below:

Does your son/daughter have any emotional issues or problems right now?

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

Therapist's Name: _____



Partners IN Education

Contact and Information Release
(To Be Completed by the Parent/Guardian)

Youth's Name: _____ Date: _____ School: _____

I hereby grant permission for PIE School-Based Mentoring Program to make contact with my child and conduct a personal interview for the purposes of becoming a mentee. PIE School-Based Mentoring program staff 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 program.

I authorize PIE School-Based 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.

Further, 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, me and my student's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

Parent/Guardian Signature

Date

Parent/Guardian Name Printed): _____

Address _____ City _____ State ____ Zip _____



Mentee Interest Survey
(To Be Completed by Youth)

Please complete all the following. This survey will help PIE School-Based Mentoring Program know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentor? Please check all that apply.

___PE or ___Elective

Do you speak any languages other than English? If so, which languages?

What are some favorite things you like to do with other people?

What are your favorite subjects in school?

If you could learn about a job/career, what would it be?

What are your favorite subjects to read about?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?



Partners IN Education

Please list other hobbies or interest not in the following list _____

Hobbies and Interests Please rate your level of interest in each of the following activities, with 1 indicating no interest and 5 indicating very strong interest.

ACTIVITY not at all interested very interested

Watching a movie 1 2 3 4 5	Eating dinner at a restaurant 1 2 3 4 5
Going to a play 1 2 3 4 5	Doing church activities 1 2 3 4 5
Playing sports 1 2 3 4 5	Traveling 1 2 3 4 5
Watching a sporting event 1 2 3 4 5	Camping and hiking 1 2 3 4 5
Reading 1 2 3 4 5	Fishing 1 2 3 4 5
Writing 1 2 3 4 5	Helping a youth with schoolwork 1 2 3 4 5
Exercising 1 2 3 4 5	Helping a youth find a job 1 2 3 4 5
Just hanging out 1 2 3 4 5	Helping a youth work on a résumé 1 2 3 4 5
Talking 1 2 3 4 5	Helping a youth find out about college 1 2 3 4 5
Playing with animals 1 2 3 4 5	Helping a youth learn about technical school 1 2 3 4 5
Playing games 1 2 3 4 5	Teaching a youth about money 1 2 3 4 5
Learning new things 1 2 3 4 5	Showing a youth how to make a budget 1 2 3 4 5
Going to the library 1 2 3 4 5	Teaching a youth to balance a checkbook 1 2 3 4 5
Visiting a museum 1 2 3 4 5	Teaching a youth about credit cards 1 2 3 4 5
Going to a concert 1 2 3 4 5	Helping a youth get a driver's license 1 2 3 4 5
Playing an instrument 1 2 3 4 5	Bargain hunting 1 2 3 4 5
Singing 1 2 3 4 5	Shopping 1 2 3 4 5
Dancing 1 2 3 4 5	Fixing things 1 2 3 4 5
Acting 1 2 3 4 5	Doing volunteer projects 1 2 3 4 5
Drawing or painting 1 2 3 4 5	Helping out younger children 1 2 3 4 5
Sculpting 1 2 3 4 5	Teaching someone a new skill 1 2 3 4 5
Photography 1 2 3 4 5	Thinking and talking about the future 1 2 3 4 5
Cooking 1 2 3 4 5	