



Program Application

(To be completed by the legal guardian)

Youth's Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

His/her cell phone (if applicable): _____

Gender: Male Female Date of Birth: ____/____/____ Age: _____

Ethnicity (please mark one): Asian Hispanic African American
Bi-Racial Caucasian Other: _____

School Name: _____ Years Attended: _____

Teacher's Name: _____ Grade in School: _____

How did you hear about this program? _____

If referred, what is the relationship to the applicant? _____

Why do you think he/she would benefit from having a mentor?

Please list everyone currently living within the same household:

Name	Sex	Age	Relationship

Health and Services

MentorKids Kentucky will not release this information and it will be kept strictly confidential.

Has your child experienced major life changes within the last 12 months? Yes No _____

Do you foresee any major life changes occurring over the next 12 months? Yes No _____

Has your child ever been bullied by another person? Yes No _____

Has your child ever been involved in bullying another child? Yes No _____

Has your child ever tried tobacco, alcohol and/or drugs? Yes No _____

Does your child have any of the following:

Medical Diagnosis: Yes No _____

Allergies: Yes No _____

Medical Restrictions: Yes No _____

Physical Limitations: Yes No _____

Social Difficulties: Yes No _____

Behavioral Challenges: Yes No _____

Emotional Challenges (ex. anxiety, depression): Yes No _____

Other Health Concerns: _____

In the past 12 months has the youth utilized counseling or outside therapies? Yes No

If yes, with who and what agency? _____

When did the child begin services? _____

Is the youth currently taking any prescription medications? Yes No

If yes, please list the name, dosage, and describe what each medication is for:

School Information

Does your youth have an IEP or a 504 plan? Yes No

If yes, what is the listed Diagnosis: _____

How many times has the child missed school in the last 3 months? _____

Does your child have any challenges at school? Yes No _____

Legal Guardian Information

Applicant's legal guardian's name: _____

Relationship to the youth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Home Phone: _____

Email: _____

Do you currently work? Yes No

 If yes, where: _____ Work Phone: _____

Are you currently a student? Yes No

 If yes, where: _____ Graduation Date: _____

Education (please circle last grade completed):

 GED: Yes No

 High School: 9 10 11 12

 College: 1 2 3 4 Degree: _____

 Other Training (including military): _____

Household monthly income: _____

Have you ever struggled with alcohol and/or drugs? Yes No

What circumstances led you to become legal guardian of the applicant?

What is your relationship to the non-custodial parent(s)? _____

Are you involved in a relationship or remarried? Yes No

 If yes, what is their influence on the child? _____

If the applicant has a legal guardian different from the biological parents listed, MentorKids Kentucky must be provided a copy of the court order stating as much. This application cannot be processed without it.

Family History

Biological Mother

(If different from legal guardian)

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____

Are they employed? Yes No

 If yes, where: _____

Have they ever struggled with alcohol and/or
drugs? Yes No

Have they ever been in prison or jail?
 Yes No

How old was the child when the biological
mother left home? _____

Do they have visitation rights? Yes No

 If yes, how often? _____

What does that relationship look like? _____

Are they involved in a relationship or
remarried? Yes No

 If yes, what is their influence on the
child? _____

Biological Father

(If different from legal guardian)

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____

Are they employed? Yes No

 If yes, where: _____

Have they ever struggled with alcohol and/or
drugs? Yes No

Have they ever been in prison or jail?
 Yes No

How old was the child when the biological
father left home? _____

Do they have visitation rights? Yes No

 If yes, how often? _____

What does that relationship look like? _____

Are they involved in a relationship or
remarried? Yes No

 If yes, what is their influence on the
child? _____



Release for Emergency Care

Mentee Name: _____ Date of Birth: _____

Legal Guardian Name: _____ Cell Phone: _____

Emergency Contact Name: _____ Cell Phone: _____

Relationship to the Mentee: _____

Are they aware that the child is in the program? Yes No

Name of Dentist: _____ Phone: _____

Name of Physician: _____ Phone: _____

Medical History/Diagnosis

_____ Asthma _____ Anxiety _____ Diabetes _____ Heart Trouble

_____ Depression _____ ADD/ADHD _____ Mood Disorders _____ Autism

I hereby give consent for the MentorKids Kentucky staff and/or mentor to obtain appropriate emergency medical or dental attention for the applicant (if such attention is required) while I am unavailable or unable to be contacted.

_____ Yes _____ No

I agree to provide the MentorKids Kentucky staff or the mentor with emergency medications (inhalers, epipens, etc.) and instructions for prescribed usage of this medication before participating in any activity outside of my home.

_____ Yes _____ No

Other health issues: _____

Prescription drugs currently taking: _____

Signature of Legal Guardian

Date



Phone: 270-926-6893 | Fax: 270-926-3783

Authorization to Release Information

To Whom It May Concern:

I, _____, the legal guardian
of, _____, hereby authorize the release of the
following record(s) to MentorKids Kentucky to help best support the youth through our one-to-one
mentoring program:

Educational Assessments

Psychological Evaluations

Clinical Evaluations

Other: _____

Signature of Legal Guardian

Date

Printed Name of Legal Guardian



Program Guidelines

The role of the legal guardian is vital to the overall health and success of the match. With that said, your active participation and adherence to the below policies and guidelines are instrumental. Please read the guidelines carefully, and if you have questions, let us know.

Program Guidelines

1. The legal guardian of kids 12 years and younger, must be present when the mentor drops them off. However, if you are unavailable, contact the mentor and MentorKids Kentucky through the text thread as soon as possible with the name and relationship of the individual who will be present.
2. Do not ask the mentor to take the mentee's siblings on any outings/match activities or allow the mentee's siblings to ask the mentor.
3. Do not discuss ANY family problems, especially the mentee's problems, with their mentor. Instead, please communicate any issues or concerns with MentorKids Kentucky.
4. You **MUST NOT WITHHOLD** the mentee's weekly time with their mentor as a means of discipline. Often, the mentor can serve as trusted source of support during such times.
5. The mentor is not to act as a disciplinary figure for your kid.
6. Please contact MentorKids Kentucky if you are in need of additional support (financial, transportation, etc.). Do not ask the mentor.
7. If your kid's weekly match meeting needs to be rescheduled, please notify the mentor and MentorKids Kentucky through the text thread at least 24 hours in advance if possible.

Signature of Legal Guardian

Date

Signature of MentorKids Kentucky Representative

Date



Program Policies

I, _____, as legal guardian of the youth applicant, _____, understand the nature of the MentorKids Kentucky mentoring program and willingly request a volunteer mentor to be matched with the above applicant.

I understand that MentorKids Kentucky is a Christian mentoring program that believes in advocating for the rights of children and families. MentorKids Kentucky's staff and its volunteers, by law, must report any alleged child abuse or neglect as well as prior knowledge of a child's intent to hurt themselves or others.

I understand that the applicant will be participating in various one-to-one activities with a volunteer mentor, and that they will be under that volunteer's supervision during those activities. I release MentorKids Kentucky, its officers, agents, employees, and volunteers from any and all liability, claims, demands, or causes of action whatsoever that I may have as legal guardian of this applicant, for damage, loss, or injury to the applicant which may occur while participating in any of the activities contemplated by this agreement, whether caused by the negligence of MentorKids Kentucky, its officers, agents, employees, or volunteers. I understand that the applicant's participation in the MentorKids Kentucky sponsored activities and various one-to-one activities with their volunteer mentor, whether secular or religious, is voluntary.

I acknowledge that I have had full opportunity to read this document and seek legal advice should I choose. I am assuming risk for any mental and/or physical harm that the applicant might incur as a result of involvement with MentorKids Kentucky. By my signature below, I hereby acknowledge that I have carefully read the foregoing release. I sign this release as my own free act and agree to the applicant's participation in the MentorKids Kentucky one-to-one mentoring program.

Signature of Legal Guardian

Date

Printed Name of Legal Guardian