



Youth Application

(To be completed by the Legal Guardian)

Youth's Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Youth cell phone (if applicable): _____

Youth email (if applicable): _____

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

Ethnicity (circle one): Asian Hispanic/Latino Black/African American

Multi-Racial Caucasian Ethnicity Unknown

Other: _____

Who is filling out this application and what is your relationship to the applicant?

Please list everyone currently living within the same household:

Name	Gender	Age	Race/Ethnicity	Relationship

Annual household income: _____

School Information

School Name: _____

Teacher's Name: _____ Grade in School: _____

Teacher's Email Address: _____

Estimated year of high school graduation: _____

Does your youth have a 504 plan? Yes No

If yes, is there anything else you would like us to know to be able to support the youth:

Does the youth have an IEP? Yes No

If yes, is there anything else you would like us to know to be able to support the youth:

Does the child have any challenges at school? Yes No

If yes, is there anything else you would like us to know to be able to support the youth:

Youth Personality and Interests

Please check the personality traits that best describe the youth:

COMEDIC	EASYGOING	ENERGETIC	LAIDBACK	OUTGOING
QUIET	SERIOUS	SHY	STRONGWILLED	TALKATIVE

From the list below, please circle any activities that the youth is interested in:

ANIMAL RESCUE	BASEBALL	BASKETBALL	BEING INSIDE	BEING OUTSIDE
BIKING	BOARD GAMES	BOWLING	CARS/ MECHANICS	CHEER
COMPUTERS	COOKING	CRAFTS	DANCE	DRAWING
FISHING	FOOTBALL	GARDENING	GOLFING	HIKING
LIBRARY	MOVIES	MUSICAL INSTRUMENTS	PAINTING	PARKS
PHOTOGRAPHY	READING	ROBOTICS	RUNNING	SHOPPING
SINGING	SOCCER	SWIMMING	THEATER	VIDEO GAMES
VOLLEYBALL	VOLUNTEERING	WRITING/ JOURNALING	YOGA/PILATES	YOUTUBE

Please fill out the following questions as completely as possible. All information received will be kept strictly confidential and will better equip us to serve the applicant and his/her household to the best of our abilities.

Has the youth experienced major life changes within the last 12 months? Yes No

If yes, is there anything else you would like us to know to be able to support the youth:

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

If yes, is there anything else you would like us to know to be able to support the youth:

Has the youth ever experienced bullying? Yes No

If yes, is there anything else you would like us to know to be able to support the youth:

To the best of your knowledge, has the youth ever tried tobacco, alcohol and/or drugs? Yes No

If yes, is there anything else you would like us to know to be able to support the youth:

Have the youth been under the treatment of a doctor in the past 12 months? Yes No

If yes, is there anything else you would like us to know to be able to support the youth:

Is the youth currently taking any prescription medications that you would like us to be aware of?

Yes No

If yes, is there anything else you would like us to know to be able to support the youth:

Legal Guardian Information

First and last name of the Legal Guardian filling out the application:

Relationship to the youth: _____

Legal Guardian Date of Birth: _____

Cell phone: _____ Work phone: _____

Email: _____

Marital Status: Married _____ Single _____ Divorced _____ Widowed _____

Current place of employment: _____

Education (please circle last grade completed):

High School: Yes No

GED: Yes No

College: Yes No Degree: _____

Other Training (including military): _____

MentorKids Kentucky periodically receives grants that allow us to assist with household needs. To allow us to better support your household, please indicate if anyone in the household receives any of the following (select all that apply):

Free or Reduced Lunch

SNAP/Food Stamps

Other (please specify) _____

None

Family History

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.

Please fill out the following information for both biological parents to the best of your knowledge.

Youth's Biological Mother

Name: _____

Cell phone: _____

Has alcohol ever been a struggle? Yes No

Have drugs ever been a struggle? Yes No

Is there any other information that you would like us to know?

Youth's Biological Father

Name: _____

Cell phone: _____

Has alcohol ever been a struggle? Yes No

Have drugs ever been a struggle? Yes No

Is there any other information that you would like us to know?

Please return the application one of three ways:

Mail or Drop off: MentorKids Kentucky, 2815 Veach Road, Owensboro, KY 42303

Email: info@mentorkidssky.org

Drop by the office Monday – Thursday between 8:30am – 5:00pm

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

Media Release

I, _____ (legal guardian of) _____ (youth name)

hereby authorize MentorKids Kentucky to release, use, and publicize any names, photos, images, or videos of the youth/household to promote the organization, programs, and fundraising efforts.

Signature of Legal Guardian

Date

Release for Emergency Care

Youth Name: _____ Age: _____ Date of Birth: _____

Address: _____ Zip: _____

Legal Guardian's Name: _____ Cell # _____

Family Physician: _____ Phone # _____

Family Dentist: _____ Phone # _____

Check all that apply

	Yes	No		Yes	No		Yes	No
Allergies (Animals)			Allergies (Food)			Allergies (Medications)		
Allergies (Plants)			Allergies (Seasonal)			Add/ADHD		
Anxiety			Asthma			Autism Spectrum		
Contacts / Glasses			Diabetes			Depression		
Dyslexia			Emergency Medications			Epilepsy		
IEP or 504			Heart Trouble			Mood Disorders		
Oppositional Defiance Disorder			Reactive Attachment Disorder					

Please explain all "Yes" answers.

Please list all medications taken regularly.

Any other health issues or concerns that would be helpful in the case of an emergency.

If I cannot be contacted, I hereby give my permission for _____ (youth name) to be treated in the event of a medical emergency while involved at a MentorKids Kentucky function. I do hereby agree to hold harmless MentorKids Kentucky, its staff, mentors, board members, and volunteers from any claim by any person on account of such care and treatment of the said youth. Payment for treatment of the youth is the responsibility of the legal guardian. I hereby state that my answers to the above questions are complete and correct to the best of my knowledge.

X _____

Legal Guardian Signature

Date