

E.P.I.C. Mentoring Program
YOUTH MENTEE APPLICATION



Please return or e-mail this application to:

E.P.I.C. Mentoring Program

Springfield Baptist Church
Attn: Pastor D'Ondre' Mapp
1877 Iris Drive SE
Conyers, Georgia 30013
Email: epic@sbcgrowth.church

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper. The answers to these questions will aid us in the matching process.

1. Why do you/your child want to participate in a mentoring program?

2. Briefly describe your expectations of the mentoring program?

3. Is your child available to meet with mentors a minimum of two hour per month? Yes No
Please explain any scheduling issues you may have.

4. Describe your child’s school performance including grades, homework, attendance, behaviors, etc.

5. Is your child currently having problems either at home or at school? If yes, please explain.

6. Has your child every experienced any traumatic events (i.e. death in the family, abuse, divorce)? If yes, please explain. (Anything that the program should be made aware of that could be a trigger for you or your child.)

Medical History

Name of Primary Care Physician: _____ Phone Number: _____

Medical Insurance Provider: _____

Policy Number: _____ Phone Number: _____

Does your child have any physical conditions or limitations? ____ Yes ____ No

Is your child receiving treatment for any medical conditions? ____ Yes ____ No

Is your child currently taking any type of medications? ____ Yes ____ No

If yes, please explain _____

Does your child have any known allergies or adverse reactions to medications? ____ Yes ____ No

If yes, please explain _____

Does your child have any emotional issues right now? ____ Yes ____ No

If yes, please explain _____

Is your child currently seeing a counselor or therapist? ____ Yes ____ No

If yes, please explain _____

Please read this carefully before signing:

We appreciate you and your child's interest in him/her becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their child to participate in the mentoring program. After receiving this completed application from you, we will evaluate the information and you will be contacted letting you know if your child has been accepted into the mentoring program. Completion of this application does not guarantee acceptance into the mentoring program.

Please INITIAL each of the following –

_____ I give my informed consent and permission for my child to participate in the E.P.I.C. Mentoring Program and its related activities.

_____ I agree to have my child follow all of the mentoring program guidelines and understand that any violation on my child's part may result in suspension and/or termination of the mentoring relationship.

_____ I hereby acknowledge that my child may be transported by his/her mentor while participating in the mentorship program, and that such transportation is voluntary and at his/her own risk.

_____ I release the E.P.I.C. Mentoring Program of all liability of injury, death, or damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

I understand that I must return all of the following completed items along with this application, and that any incomplete applications will not be reviewed:

- Signed application
- Contact and Information Release Form
- Youth Mentee Guidelines/Instructions Form

By signing below, I attest to the truthfulness of all information listed on this application and agree to all of the above terms and conditions.

Parent/Guardian Signature

Date

E.P.I.C. Mentoring Program
Youth Mentee Guidelines/Instructions
(To Be Completed by the Youth)

1. Be dependable and punctual! If you will be late or absent, please notify a mentor as soon as possible.
2. Never put yourself into situations that could be perceived as inappropriate. Meet in public places as much as possible. Example – Never be in a home alone with your mentor. Never be in a bedroom or bathroom with your mentor.
3. Refer concerns to your guardian/contact person.
4. Never take any unapproved medications (i.e., aspirin) from a mentor.
5. Smoking, drinking or drug use is not permitted while with a mentor.
6. Respect your mentor’s privacy. When meeting and talking with mentor in public, avoid talking about private matters where others can hear.
7. Do not travel with your mentor without consent from your parent/guardian.
8. Please do not carry weapons of any kind when spending time with your mentor.

Youth Mentee Signature

Date

Parent/Guardian Signature

Date