



FOR OFFICE USE ONLY
Date application received: _____
Date of P/C Interview: _____
MP Staff Signature: _____

2010 MENTOR PROGRAM PARENT AND CHILD APPLICATION

To be completed by Parent/Guardian and Child. Please complete each section fully and accurately. Please print clearly or type, and remember to sign the application in the space provided at the end of the form. All information provided to Girls Quest (GQ) is completely **confidential** and only used for agency purposes.

I. APPLICANT (MENTEE) INFORMATION (To Be Completed by Child Only)

Child's Name (First, Last): _____ Date of Birth: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Child's Cell: () _____

Ethnicity: _____ Child's E-mail: _____

Why do you want to participate in the Girls Quest Mentor Program?

Can you commit two days per month for one year in match outings with your mentor? (Please Circle) YES NO

Can you commit to communicating with your mentor when you are not on your match outings? (Please Circle) YES NO

If YES, what is the best way to contact you? (Please Circle All That Apply) E-mail Phone Other _____

What topics would you like to discuss with your mentor? (Please Circle All That Apply)
 Study Habits/Time Management Peer Pressure Self-Esteem College-Planning

Other (Please specify): _____

What are some match outings you would like to try with your Mentor (Ex: Creating pottery, Ice-Skating, Taking a Dance class and/or Yoga Lesson)?

Please explain some personal goals you would like to work on with your Mentor and why (Ex: Improve social skills, Cultural and/or Career Exposure, etc.)?

II. PARENT/GUARDIAN INFORMATION (To Be Completed By Parent/Guardian of this Child)

Mother's Name: _____ **Date of Birth:** _____

Primary Contact Person? (Please Circle) YES NO

Address: _____ Apt. #: _____

City: _____ State: _____ Borough: _____ Zip Code: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ E-mail: _____

EDUCATION (Please Circle)

Less than high school High School GED/Equivalency Some College

Associate Degree Bachelor's Degree Master's Degree Ph.D.

Is English your primary language? (Please circle): YES NO

If no, what is your primary language? _____

CURRENT EMPLOYMENT STATUS (Please Circle) Employed Unemployed Student

Father's Name: _____ **Date of Birth:** _____

Primary Contact Person? (Please Circle) YES NO

Address: _____ Apt. #: _____

City: _____ State: _____ Borough: _____ Zip Code: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ E-mail: _____

EDUCATION (Please Circle)

Less than high school High School GED/Equivalency Some College

Associate Degree Bachelor's Degree Master's Degree Ph.D.

Is English your primary language? (Please circle): YES NO

If no, what is your primary language? _____

CURRENT EMPLOYMENT STATUS (Please Circle) Employed Unemployed Student

Guardian's Name: _____ **Date of Birth:** _____

Primary Contact Person? (Please Circle) YES NO

Relationship to the child _____

Do you have legal guardianship of the child? (Please Circle) YES NO

If you are not the biological parent, have you gone through a family court and been granted legal custody or guardianship. (Please Circle): YES NO

Address: _____ Apt. #: _____

City: _____ State: _____ Borough: _____ Zip Code: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ E-mail: _____

EDUCATION (Please Circle)

Less than high school High School GED/Equivalency Some College
Associate Degree Bachelor's Degree Master's Degree Ph.D.
Is English your primary language? (Please circle) YES NO

If no, what is your primary language? _____

CURRENT EMPLOYMENT STATUS (Please Circle) Employed Unemployed Student

Emergency Contact (Other than the Parent/Guardian listed above):

Name: _____ Relationship to the child: _____
Home Phone: () _____ Work Phone: () _____
Cell Phone: () _____ E-mail: _____

III. Child Information regarding the Summer Experiential Education and Development (SEED) Program

Did your child attend SEED in summer 2010? (Please Circle) YES NO

If YES, please list what SEED session she attended in summer 2010: _____

If NO, please list what year she last attended SEED: _____

Have you ever applied to the Girls Quest Mentor Program before? (Please Circle) YES NO

If YES, please list date(s) you applied: _____

IV. CHILD EDUCATION

Name of school: _____

Grade (entering in fall 2010): _____

How is your child doing academically in school? Poor () Average () Well () Exceptional ()

Is your child in a special needs school or class placement? (Please be specific) YES NO

If yes, please explain: _____

V. FAMILY INFORMATION

Has your child had any trauma in their past (Ex: Homelessness, Death of a Family Member, Accident, Divorce or Separation)?
(Please circle) YES NO

If YES, please explain: _____

Marital status of the Parent/Guardian(s) applying for this Child (Please circle):

Single Separated (list year) _____ Married (list year) _____ Divorced (list year) _____
Widowed (list year) _____ Living Together (list year) _____ Partnered (list year) _____

Do you anticipate any changes in employment, marital status, or living situation within the next year?
(Please circle) YES NO

If yes, please explain: _____

Please identify all other members of your household:

NAME	AGE	RELATIONSHIP TO CHILD

Has your child ever been arrested? (Please circle) YES NO

If YES, please explain: _____

Have you, the parent/guardian, ever been incarcerated? (Please circle) YES NO

VI. ABSENT PARENT INFORMATION

Name of absent parent: _____

Is the other parent aware that your daughter is applying for this program? (Please Circle) YES NO

Will there be any challenges in scheduling match outings with the mentor (EX: if child visits the other parent on the weekends, etc.)?

Please describe the most current status of the absent parent (Please circle):

Deceased Abandoned Incarcerated Participatory

Other (Please explain): _____

Describe your relationship with the absent parent:

Describe your child's relationship with the absent parent:

How often does your child have contact with the absent parent? (Please circle and briefly explain)

Frequent _____ Limited _____ Very little _____ No Contact at All

VII. CURRENT PARTNER

Are you currently involved in a significant relationship? (Please Circle) YES (How Long?) _____ NO

Do you live together? (Please Circle) YES NO

Describe your child's relationship with this person:

VIII. HEALTH INFORMATION

Does your child have any physical problems or limitations? (Please Circle) YES NO

Has either parent/guardian ever seen a social worker, counselor, therapist, psychologist, or psychiatrist?
(Please Circle): YES NO

If yes, dates: _____ Reason: _____

Has your child ever seen a social worker, counselor, therapist, psychologist, or psychiatrist?
(Please circle): YES NO

If YES, please indicate which specialist, dates and reason for the visits:

Specialist: _____ Dates/Year(s): _____

Reason: _____

IX. GENERAL INFORMATION

Is your child involved in other organized activities during the weekdays or weekends (Ex: Girls Scouts, After-School Programs, Church Groups, etc.)? (Please Circle): YES NO

If YES, please list activities and schedule (Ex: Girls Scouts: Friday & Saturday, 5-8pm):

Have you discussed your child's participation in this program with her? (Please circle) YES NO



PLEASE READ CAREFULLY AND SIGN

Girls Quest is a youth development organization designed to help girls who, in the opinion of the professional agency staff, have shown the desire, need, and ability to form a relationship with an interested female adult and demonstrate that the family situation does not require services that this organization cannot deliver. This application is designed to establish a profile of the family situation and child's needs. This assessment will be used to determine the child's suitability for this program.

Girls Quest does not discriminate with regard to the applicant's race, color, creed, gender, sexual orientation, marital status, place of natural origin, age, or disability.

Please be sure to read the following agency guidelines:

By signing below, I/we understand and agree that:

1. This application does not obligate my/our child to become a mentee.
2. This application does not obligate the agency to interview, assign or actively seek to assign a mentor to my/our child.
3. As part of the agency's application process, professional agency personnel will obtain additional personal information from my/our child and me.
4. It is my/our responsibility to ensure that the agency receives all pertinent information. Noncompliance will result in withdrawal of consideration from the program.
5. As part of the agency's application and interview process, I/we am/are aware that the Girls Quest staff is MANDATED REPORTERS and may need to report any "suspicion" of child abuse or negligence to the proper authorities.
6. If my/our daughter is not selected to be in this program, I/we understand that I/we will not be given the reason(s) why.

Child's Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date