



Supporting Others Through Mentoring

Phone: 972-709-1180

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SOTM MENTEE APPLICATION

Please return this completed application to: SOTM, Inc. - Mentor Program Department: 423 W. Wheatland Road Suite 101, Duncanville, Texas 75116 or e-mail to mentor@sotminc.com

Mentee Application

(To Be Completed by the Parent/Guardian)

Date _____

Check the box that applies: First-time Mentee Returning Mentee Year in program _____

I would also like to participate in (Check all that applies):

One-on-One Mentoring Group Mentoring E-Mentoring

Mentee Last Name _____ First Name _____ Middle _____

Parent/Guardian Name: _____

Relationship to Mentees: Mother _____ Father _____ Other, specify: _____

Address _____

(Street)

City _____ State _____ Zip _____

Home Phone _____ E-mail Address _____

Cell Phone _____ Birth Date _____

Church Home _____ Pastor _____ (if any)

Mentees Social Sec. #: _____

Name of School: _____ Grade: _____

Hobbies _____

How did you learn of SOTM, Inc. _____

What Mentor program have you participated in, if any? _____

Are you currently a member of an organization? (Provide name) _____

In the event of an emergency, please contact _____

Relationship _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Getting to Know You: Please check one from each of the following pairs below. Are you

<input type="checkbox"/> Quiet	<input type="checkbox"/> Talkative	<input type="checkbox"/> Serious	<input type="checkbox"/> Funny	<input type="checkbox"/> Laid back	<input type="checkbox"/> Energetic
<input type="checkbox"/> Follower	<input type="checkbox"/> Take charge	<input type="checkbox"/> Carefree	<input type="checkbox"/> Punctual	<input type="checkbox"/> Patient	<input type="checkbox"/> Time keeper

Your Interests: What do you like to do in your free time? (Give specifics, if possible.)

<input type="checkbox"/> Play sports? Which ones?	
<input type="checkbox"/> Play music? What kinds?	
<input type="checkbox"/> Listen to music? What kinds?	
<input type="checkbox"/> Read? What kind of books?	
<input type="checkbox"/> Draw, paint? What kind of art?	
<input type="checkbox"/> Play video games? What types?	
<input type="checkbox"/> Watch sports? Which ones?	
<input type="checkbox"/> Watch TV or movies?	
<input type="checkbox"/> Shop? For what?	
<input type="checkbox"/> Other activities?	

Language Abilities

- English
- Chinese
- Creole
- French
- Spanish
- Other

Religious Affiliation (optional):

- Agnostic
- Christian
- Hindu
- Jewish
- Muslim
- Other

Race/Ethnicity

- African American
- Asian American
- Caucasian
- Hispanic
- Native American
- Other

How important is it to you for the mentor to share your faith?

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



2. Briefly describe your expectations for the SOTM Life Skills Mentoring Program:

3. Is your child available to meet with a mentor four hours per month and have contact at least once a week for a minimum of one year? Please explain any particular scheduling issues.

4. Is your child willing to attend an initial mentee training session and two training sessions per year after being matched?

5. Describe your child's school performance including grades, homework, attendance, behaviors, etc.:

6. Does your child have friends? Please describe his/her friendships.

7. Is your child currently having any problems either at home or school?

8. Has your mentee experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.

9. Can you provide any additional background information that may be helpful to SOTM Life Skills in matching your son/daughter with an appropriate mentor?

10. Does the child have any physical disabilities or health concerns, which would prevent him/her from participating in certain activities? Yes _____ No _____ if yes, please Explain...



Medical History

Name of Primary Care Physician: _____

Phone No.: _____

Medical Insurance Provider: _____

Policy Number: _____ Phone No.: _____

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? Is 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: _____



Please read this carefully before signing

SOTM Life Skills Mentoring Program appreciates you and your child's interest in his/her becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their son/daughter to participate in the SOTM Life Skills Mentoring Program.

After receiving this completed application from you, we will evaluate the information and send you a letter letting you know if your child has been accepted into the mentoring program. Much of the information you supply in this application packet will be used to match your mentee with an appropriate mentor. Therefore, the mentoring staff may, at times, need to access and share this information with prospective mentors and other parties when it is in the best interest of the match. However, we do not reveal names until there is an initial interest from the mentee, parent/guardian, and mentor based first upon anonymous information provided about each other.

Please initial each of the following

_____ I give my informed consent and permission for my mentee to participate in the SOTM Life Skills Mentoring Program and its related activities.

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

_____ I hereby acknowledge that the mentee will be transported by his/her mentor and/or SOTM Life Skills staff or representatives while participating in the SOTM Life Skills Mentoring Program, and that such transportation is voluntary and at his/her own risk.

_____ I release the SOTM Life Skills Mentoring Program of all liability of injury, death, or other 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 SOTM Life Skills mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ (optional) I agree to allow SOTM Life Skills to use any photographic image of my mentee taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Contact and Information Release Form
- Interest Survey Form

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

Parent/Guardian Signature

Date

Please return or mail this application and the items listed above to Mentoring Program Coordinator, SOTM Life Skills Mentoring Program, 423 W. Wheatland Road, Duncanville, Texas 75116

