



# MENTEE APPLICATION

\* denotes form fields below required

## CONTACT INFORMATION

Child's Name*			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender <input type="checkbox"/> Undisclosed		
Date of Birth*		Age	
Address*			
City		Postal Code	
Phone Number			
Email Address			

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name*			
If Guardian, please note relationship: *			
Date of Birth			
Are you employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can we call you at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Name of Employer			
Work Phone Number			
Are you unemployed?	<input type="checkbox"/> EI?	<input type="checkbox"/> Social Assistance?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Disability?	<input type="checkbox"/> Other _____
Are you a student?			
Name of School			
Are you or your child involved with any other community agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Agency Name			
Staff Contact			

## OTHER PARENT

Parent's Name			
Phone Number			
Email Address			
Address			
City		Postal Code	
Relationship with Child			
What type of relationship does your child have with the other parent?			
If you are a single parent with custody, what are the visiting rights of the other parent? Do they use these rights? What are the access arrangements?			
Is the other parent aware of your application for the program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, how do they feel about this?			

## EMERGENCY/MEDICAL INFORMATION

Emergency Contact (Other than Parent/Guardian) *			
Home Phone*		Other Phone	
Relationship to Child*			
Alberta Health Care #			
Does your child have any specific medical conditions, allergies, or other concerns we should know about?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please describe.			

## SCHOOL INFORMATION

School	
--------	--

## FAMILY HISTORY/SITUATION

Does anything prevent your child from fully participating in the program? *		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain.			
Who else lives in your home?			
<i>Name:</i>	<i>Age/Gender:</i>	<i>Relationship:</i>	
Has Children's Services/Child Welfare ever been involved with the family?*			
<input type="checkbox"/> No <input type="checkbox"/> Yes, currently an open file <input type="checkbox"/> Yes, within the last 2 years (file closed) <input type="checkbox"/> Yes, more than 2 years ago (file closed) <input type="checkbox"/> Prefer not to say/Undisclosed			

## ADDITIONAL DEMOGRAPHICS

*What is your heritage/cultural identity?	<input type="checkbox"/> English Canadian <input type="checkbox"/> French Canadian <input type="checkbox"/> First Nations/Metis <input type="checkbox"/> Inuit <input type="checkbox"/> African <input type="checkbox"/> European <input type="checkbox"/> South American <input type="checkbox"/> Central American <input type="checkbox"/> Middle East <input type="checkbox"/> Indo China <input type="checkbox"/> Southeast Asian <input type="checkbox"/> Pacific Islands <input type="checkbox"/> Asian – all other <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Undisclosed	
Languages Spoken		
*Were you born in Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, how long have you lived in Canada?	<input type="checkbox"/> Less than one year	<input type="checkbox"/> One to three years
	<input type="checkbox"/> 4 to 10 years	<input type="checkbox"/> More than 10 years

# CONFIDENTIALITY

Just as we must share information with you about the Mentor we select for your child, we need to share information with the volunteer about you and your child. Is there anything here that you do not want shared with a volunteer? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please clearly state what information you <u>do not</u> want shared.		

\*The answers you have given will help us to do our best for your child. Please be sure to advise us of any changes in your home situation, such as address changes, relationship changes, etc.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE