



Stepping Stones Mentorship Program

Mentee Application

(To Be Completed by the Parent/Guardian)

Personal Information

Name: _____ Date: _____

Parent/Guardian Name: _____

Street Address: _____

City: _____ Prov: _____ Postal Code: _____

Home phone: _____ Cell phone: _____

Date of Birth ___/___/___ Age: _____ Gender: Male___ Female ___

Name of School: _____ Grade: _____

Emergency Contact Name: _____ Phone Number: _____

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 want to participate in a mentoring program?
2. Briefly describe your expectations for the Stepping Stones Mentoring Program:
3. Are you willing to meet with a mentor eight hours per month and have contact at least once a week for a minimum of 12-16 weeks? Please explain any particular scheduling issues.
4. Are you willing to attend an initial mentee interview/assessment session(s) and orientation sessions after being accepted into the program?
5. Describe your school performance including grades, homework, attendance, behaviors, etc.:
6. Describe what you like to do on your free time?
7. Can you provide any additional background information that may be helpful to Stepping Stones in matching you with an appropriate mentor?

Medical History

Name of Primary Care Physician: _____ Phone No.: _____

Address: _____



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Phone No.: _____

Do you have any physical problems or limitations?

Are you currently receiving treatment for any medical issues?

Are you currently on any type of medication? If so, please specify.

Do you have any known allergies or adverse reactions to medications? If yes, please describe them below:

Do you have any emotional issues or problems right now?

Are you son currently seeing a counselor or therapist?

Are there any reasons you would not be able to fulfil your obligations to the program?

Please read this carefully before signing

Stepping Stones Mentoring Program appreciates your interest in becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian/individual to allow them to participate in the Stepping Stones 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 child 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 for applicants under 18 years of age.

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

_____ I agree to have my child follow all 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 will be transported by his/her mentor and/or Stepping Stones staff or representatives while participating in the Stepping Stones Mentoring Program, and that such transportation is voluntary and at his/her own risk.

_____ I release the Stepping Stones Mentoring Program of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from



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his/her participation in the program, including but not limited to transportation, and hold harmless any Stepping Stones 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 Stepping Stones to use any photographic image of my child 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, Stepping Stones, 2349 Fairview Street Suite 308, Burlington ON L7R 2E3 or email to: info@steppingstonescounselling.com



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