



## IMPACT Youth Mentorship Mentee Application Weston County

(To Be Completed by the Parent/Guardian)

This application must be completed by the parent or guardian of the perspective child/youth participant. The purpose of this application is to help Youth Emergency Services IMPACT Youth Mentorship Program know more about the mentee. If you have any questions please contact Stacy Helwig with the IMPACT Youth Mentorship Program at 307-686-0669 ext 1610 or email at [shelwig@yeshouse.org](mailto:shelwig@yeshouse.org)

Upon completion of this application, please return in one of the following ways:

- Address: IMPACT Youth Mentorship Program, 905 N. Gurley, Bldg. C  
Gillette, WY 82716
- Drop of to: Community Prevention Specialist, Newcastle High School, Rm 206
- Email To: [shelwig@yeshouse.org](mailto:shelwig@yeshouse.org) or [klipp0204@gmail.com](mailto:klipp0204@gmail.com)
- Fax Attn To: IMPACT Youth Mentorship at 307-686-2121.

### Personal Information

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: Male\_\_\_ Female \_\_\_

Ethnicity: White: \_\_\_ Hispanic: \_\_\_ African American: \_\_\_ Native American: \_\_\_ Other: \_\_\_\_\_

Religion: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Youth: Mother \_\_\_ Father \_\_\_ Other, specify: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(If different from above)

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please list all members of your household:

Name	Sex	Age	Relationship to the applicant

**IN CASE OF EMERGENCY:**

Contact me immediately at: \_\_\_\_\_

Please list 2 additional contacts to reach if you are unavailable:

\_\_\_\_\_ @ \_\_\_\_\_  
 Name (relationship) Telephone

\_\_\_\_\_ @ \_\_\_\_\_  
 Name (relationship) Telephone

Please select each item that applies to your child.

	Currently	Never	Past 6 Months	At any point
<b>My child has used opioids</b>				
<b>My child has been a runaway</b>				
<b>My child has had an early onset of violence, aggression, or other behavior problems</b>				
<b>My child has had suicidal ideations/attempts</b>				
<b>My child is able to say no when peers are using drugs or alcohol</b>				
<b>My child associates with delinquent or aggressive peers</b>				
<b>My child has a family history of problem behavior or criminal activity</b>				
<b>My child has educational expectations</b>				
<b>My child struggles with forming family bonds or attachments</b>				
<b>My child has experienced victimization or maltreatment</b>				
<b>My child has parental trust issues</b>				
<b>My child has experienced low academic achievement and/or failure</b>				
<b>My child has a negative view towards school, lacks bonding, attachment, or commitment</b>				
<b>My child alienates from people</b>				
<b>My child has dropped out of school</b>				
<b>My child has been exposed to community crime or a high crime neighborhood</b>				

## **Additional Questions**

1. What skills, tools, or knowledge would you like your child to gain while working with their mentor?
2. When finding a mentor for your child, are there particular traits that you are not willing to let your child to work with?
3. When finding a mentor for your child, what kind of characteristics in a mentor would you find beneficial working with your child?
4. Is there any goals you would like to see your child meet while matched with a mentor?
5. Does your child have a natural support person in their life right now? If so, if we contacted them to become their mentor in a formal setting, do you think they would participate?
6. Mentorship hosts an engagement every month for all mentors, mentees, and families. What is a fun activity you would find enjoyable in a group setting?

**Please read carefully and initial each of the following:**

\_\_\_\_\_ I understand there will be no staff at the site base location 15 minutes after a session is complete. If my child needs adult supervision, I am responsible for promptly picking up my child.

\_\_\_\_\_ I give my informed consent and permission for my child to participate in the YES House Impact Mentoring Program and its related activities.

\_\_\_\_\_ I hereby grant permission for the YES House Impact Mentorship Program to make contact with my child and conduct a personal interview for the purposes of applying to be a mentee. The YES House Impact Mentorship Program may also make contact with my child on school premises and/or Y.E.S. House staff or personal for the purposes of screening, interviewing and evaluation as well as ongoing support of his/her participation in the mentoring program.

\_\_\_\_\_ I authorize the Impact Youth Mentorship Program to obtain any needed information regarding my child from professional personnel i.e.; school staff, DFS worker, juvenile probation, counselors, etc , including academic, behavioral, and legal records as pertinent to our program.

\_\_\_\_\_ Further, I understand that basic information about my child will be anonymously (without names) shared with a prospective mentor(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity as well as my child's along with other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

\_\_\_\_\_ 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 if my child is participating in a Community Based Match they will be transported by his/her mentor while participating in the mentoring program, and that such transportation is voluntary and at his/her own risk.

\_\_\_\_\_ I release the YES House 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 any YES House Mentorship 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 the YES House Impact Mentorship 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 items along with this application, and that any incomplete information will result in the delay of my application being processed. 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

**Thank you for granting your child/children permission to participate in the Youth Emergency Services, IMPACT Youth Mentorship Program!**