



Seneca Mentoring Youth Links

928 W. Market St., Suite A Tiffin, Ohio 44883

Phone: 419-447-2927 Fax: 419-447-2825

SenecaSMYL@ncoesc.net

MENTEE APPLICATION

PERSONAL

Name: _____

Nickname: _____ Date of birth: _____ Age: _____ Sex: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ Cell phone: _____ Email: _____

School: _____ Grade: _____ Principal: _____

Religious affiliation: _____ Church: _____

Referred by: _____

Any special classes or circumstances in school?

Does the child have any special problems at home, school, or community?

Why is a mentor being requested for this child?

How did you learn about SMYL

BACKGROUND

List the child's interest and hobbies:

Any special dislikes:

List organized activities or clubs in which the child participates:

Is child presently being seen by any other service agency? YES or NO (Circle one)

If so, name of the agency _____ Case Worker _____

Please indicate sources of income (not amount) of parent or guardian that the child is living with

Work _____ Welfare _____ Support _____ Social Security _____ Veterans _____ Other _____

PARENT/GUARDIAN 1

Name: _____ Relationship to child: _____

Date of birth: _____ Age: _____ Sex: _____ OWN or RENTING home? (Circle One)

Address: _____ City: _____ Zip: _____

Home phone: _____ Cell phone: _____ Email: _____

Employer: _____ Contact: _____

PARENT/GUARDIAN 2

Name: _____ Relationship to child: _____

Date of birth: _____ Age: _____ Sex: _____ OWN or RENTING home? (Circle One)

Address: _____ City: _____ Zip: _____

Home phone: _____ Cell phone: _____ Email: _____

Employer: _____ Contact: _____

I understand by completing this application I hereby give the child named on this application permission to participate in Seneca Mentoring Youth Links if accepted by the agency for inclusion. I also understand Seneca Mentoring Youth Links will obtain additional information to further assess the child's suitability for being a mentee.

APPLICANT'S SIGNATURE: _____ DATE: _____