

Please print clearly: **Mentee Application**

Name: _____

Age: _____ DOB: _____ Grade _____ School _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Best way to contact you to set up meetings: _____

Which of the following are you looking to learn more about.

<input type="checkbox"/>	Career Assistance	<input type="checkbox"/>	College Information
<input type="checkbox"/>	Biblical Studies	<input type="checkbox"/>	Activities and Events
<input type="checkbox"/>	Tutoring/Academic	<input type="checkbox"/>	Reassurance Resources
<input type="checkbox"/>	Volunteer Services	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

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

Play sports? Which ones?
Play music? What kinds?
Listen to music? What kinds?
Read? What kind of books?
Draw, paint? What kind of art?
Play video games? What types?
Watch sports? Which ones?
Watch TV or movies?
Shop? For what?
Other activities?

Please check one from each of the following pairs below. Are you:		
a) <input type="checkbox"/> quiet? <i>or</i> <input type="checkbox"/> talkative	b) <input type="checkbox"/> serious? <i>or</i> <input type="checkbox"/> funny	c) <input type="checkbox"/> laid back? <i>or</i> <input type="checkbox"/> energetic

"As iron sharpen iron, so one man sharpens another" Proverbs 27:17

What goal would you like to achieve while serving as a mentee in the program?

I understand that I am committing to be a mentee in the MYNDS Mentoring Program

- My commitment is for one year from January 2009 to December 2009.
- I will contact my mentor if I have any questions or concerns, even if they haven't yet contacted me.
- I will contact the MYNDS coordinators when my contact information changes.
- I will contact the MYNDS coordinator if I cannot reach my mentor or have other problems.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the MYNDS coordinator at this time or in the future.

(Signature)

(Date)

Parent/Guardian Contract

Name: _____ Date: _____

By allowing my son/daughter to participate in the MYNDS (Mentoring Youth Nurturing & Developing Spirit) Program, I agree to:

- Allow my child to participate in the MYNDS Mentoring Program and to be matched with a MYNDS mentor
- Follow and encourage my child to follow all rules and guidelines as outlined by the MYNDS coordinator, mentee training, program policies, and this contract
- Support my child in this match by allowing him/her to meet with his/her mentor at least 4 hours per month and have weekly contact of at least one hours with him/her for one year
- Support my child being on time for scheduled meetings or have him/her call the mentor at least 12 hours beforehand if unable to make a meeting
- Regularly and openly communicate with the program coordinator as requested
- Inform the MYNDS coordinator if I observe any difficulties or have areas of concern that may arise in the match relationship
- Notify the MYNDS coordinator if I have any changes in address or phone number

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the MYNDS coordinator at this time or in the future.

(Signature)

(Date)