

# ⊕ THE CENTER FOUNDATION ⊕



## MENTEE APPLICATION FOR TEEN PROGRAMS

All information on this form will be kept **CONFIDENTIAL**, and will be used only to determine eligibility for the mentoring programs and to match you with a mentor. If you are interested in having a mentor, please complete this application and submit it by **email** ([Kim@TheCF.org](mailto:Kim@TheCF.org)), **fax** (610-514-9849), or **mail** (The Center Foundation, 601 Clifton Ave., Sharon Hill, PA 19079). Please provide as much information as you can in the form below. If you have questions or concerns, please contact **Kim Yacoubian** at 610-357-8941 (*cell*) or 610-565-6171 (*office*). Thank you for applying!

### PERSONAL INFORMATION

|  |   |     |
|--|---|-----|
| Name   |   | Age |
| Date of Birth  | Social Security #                           |     |
| Address  |   |     |
| Daytime phone #  | Evening phone #                             |     |
| Cell #   | Email address                               |     |
| What is the best time to reach you by phone?                                   |   |     |
| How do you prefer to be contacted?   |   |     |
| Name and # of contact person ( <i>if no phone</i> ):                           |   |     |
| Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No | How old are they, or when is your due date? |     |
| How did you learn about this program?  |   |     |

#### 1) Do you...

- Rent a house/apartment
- Live with friends or family (*If YES, who?* \_\_\_\_\_)
- Own a house/condominium
- Live in a shelter or transitional housing (*If YES, through what program?* \_\_\_\_\_)

#### 2) What is your current grade level and school?

\_\_\_\_\_

#### 3) Are you currently receiving any services? Yes No

*If YES, from which organizations/agencies?*

\_\_\_\_\_

**4) Are you currently employed?**    Yes    No

*If YES, please list employer and job title:*

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**5) What do you hope to get out of having a mentor?**

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**6) What personal goals do you hope to accomplish in the next few years?**

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## **AUTHORIZATION OF PARENT OR GUARDIAN**

### **Consent for Participation, Release of Confidential Information and Use of Name and Image**

As the parent and/or legal guardian of \_\_\_\_\_, I grant permission for her/him to participate as a Mentee in the *TeenCare* or *Young Parents Support Network (YPSN)* mentoring program of *The Center Foundation (TCF)*, and grant TCF staff permission to obtain and exchange information concerning her/him and her/his child[ren] \_\_\_\_\_ (*names of Mentee's children*) from and with \_\_\_\_\_ School District, Project ELECT/TAPP (if enrolled in Project ELECT/TAPP), and her/his mentor.

This consent shall include all school and college records, transcripts, grade and attendance reports, and test results and such other information relating to, or having an impact on, my child's participation or ability to participate, in the *TeenCare* or *YPSN* mentoring program. This information may include case plans or any other information thought relevant by my child's caseworker, teachers, job coach, counselor, or other person affiliated with the School District or Project ELECT/TAPP (if enrolled in Project ELECT/TAPP).

This authorization shall be effective for one (1) year from the date of matching with a mentor or until the completion or termination of mentoring under the program. In addition, I specifically authorize the School District and Project ELECT/TAPP (if enrolled in Project ELECT/TAPP) to release a phone number and address, or other contact information, during and for one (1) after the completion of the mentoring program, to be used for follow-up purposes only. If at any time I wish to revoke this consent, I will submit a request in writing to the School District and Project ELECT/TAPP (if enrolled in Project ELECT/TAPP) with a copy to The Center Foundation. I understand that information will be shared only for the mentee's benefit with those directly involved in the mentoring program and will not be disclosed to any other person without my written permission.

I hereby grant The Center Foundation permission to use Mentee's name and likeness (photograph, video, etc.) without compensation in newsletters, press releases sent to the media and for general promotional purposes. I also agree that the Foundation may quote general statements she/he may make, but will not identify any quotes by name without Mentee's express permission.

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Signature of Parent/Guardian of *TeenCare*/*YPSN* Mentee  
(Or signature of *TeenCare*/*YPSN* Mentee if over 18)

Date