



## MENTEE APPLICATION

If you are interested in having a mentor, please complete this application and mail it to **The Center Foundation**, 300 W. State St., Suite 304, Media, PA 19063. You may also fax the form to: 610.565.3684. If you have any questions, please don't hesitate to contact Rachel at 610.565.6171

**All of the information on this form will be kept CONFIDENTIAL, and used only for the purpose of determining eligibility for the mentoring program and matching you with a mentor.**

***Thank you for applying!***

### PERSONAL INFORMATION

Name		Age
Date of Birth	Social Security #	
Address		
Daytime phone #	Evening phone #	
What is the best time to reach you by phone?		
<i>If no phone:</i> name and # of contact person:		
Fax #	Pager or cell phone #	
E-mail		
Do you have children? Yes No	What are their ages?	
How did you learn about this program?		

#### 1) Do you...

Rent a house/apartment  
 Live with friends or family      Who: \_\_\_\_\_  
 Own a house/condominium  
 Live in a shelter or transitional housing (Through what program? \_\_\_\_\_)

#### 2) Are you currently employed? Yes No

If yes, please list employer and job title

#### 3.) What is your current grade level?

**4) Are you currently receiving any services?**    Yes    No  
If yes, from which organizations?

---

---

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

---

---

---

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

---

---

---

## **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 Young Parents Support Network (YPSN) mentoring program of The Center Foundation (TCF) and grant TCF staff permission to obtain and exchange information from and with \_\_\_\_\_ School District, Project ELECT/TAPP and her/his mentor concerning her/him and her/his child(ren) \_\_\_\_\_ (*names of Mentee's children*).

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 Young Parents Support Network mentoring program. This information may include case plans or any other information thought relevant by my child's case worker, teachers, job coach, counselor, or other person affiliated with the School District or 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 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 with a copy to The Center Foundation. I understand that information will be only shared 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.

---

Signature of Parent/ Guardian of YPSN Mentee

Date