



Lifeline Community and Youth Center

Mentee Application

Child's Name _____ School Name _____

Address _____

Phone # _____ Date of Birth _____ Gender _____

Grade _____ Teachers Name _____

Guardian's Name _____ Relationship _____

Address _____

Phone # _____ Date of Birth _____

Employer _____ Work # _____

Guardian's Name _____ Relationship _____

Address _____

Phone # _____ Date of Birth _____

Employer _____ Work # _____

Is there an absent parent? If so please explain. _____

How does the child feel toward their parents? _____

Does your child currently see a psychiatrist, mental health therapist or social worker? _____

If yes, who? _____ When? _____ Where? _____

Does your child have any medical problems? _____ if yes please explain. _____

Is your child taking medication? _____ If yes, what kind and why _____

Does your child get along with other children? _____

Does your child get into a lot of fights? _____

Does your child accept discipline? _____

How do you discipline your child? _____

What are your concerns if any about your child? _____

What would you like for your child to get out of our mentoring program? _____

Any other comments? _____

In order to match your child with a mentor that they will have the most in common with, please let us know what type of things your child enjoys. (Favorite sport, hobbies, interests, goals, favorite food, color etc)

Signature of parent/Guardian _____ Date _____