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COMMUNITY BASED PROGRAM MENTEE APPLICATION

Date: _____

1. Mentee Name: _____ Phone #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

2. Date of Birth: _____ Sex: (check one) _____ M _____ F

Siblings & their ages: _____

3. Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone #(H): _____

Phone #(H): _____

Phone #(W): _____

Phone #(W): _____

Cell #: _____

Cell #: _____

Parent email address _____

4. With whom does the youth live: _____

5. In case of emergency contact: _____ Phone #: _____

6. Please list school and grade of youth: _____

Describe youth's school performance: _____

7. Describe youth's ability to socialize: _____

8. Does the youth have allergies? _____ Yes _____ No. List types of allergies: _____

9. Does the youth take any medications? _____ Yes _____ No. Which medications and how often?

10. With what other programs/activities is the youth involved? _____

11. Special skills, hobbies, and/or interests that the youth has: _____

12. Describe the child's personality: _____

13. The child needs help with:
____ Problem Solving ____ Learning New Skills ____ Sharing Feelings
____ Caring About Others ____ Self esteem ____ Following Rules
____ Emotional Support ____ Academic Support ____ Friendships
____ Other: Please describe: _____

14. Does the youth want a mentor? ____ Yes ____ No ____ Unsure

15. Is there already someone in the youth's life who could become a mentor? If yes, who?
(Name, address, phone number). _____

16. Describe any problems that the youth has at home with caregiver and/or family members:

17. Does the youth have any special physical assistance needs: (transportation, diet, adaptive equipment)? _____

18. Does the youth have any unusual behaviors, thoughts or special emotional needs: (anxiety/worries, anger, aggression, doesn't play well with others, baby talk, extremely shy, fears, dislikes, likes)?

19. Does this youth have an incarcerated parent? ____ Yes ____ No
(Special consideration will be given to children who have one or more parent in a local, state or federal correctional facility, whether or not there is contact with that parent. This information is used for program purposes and will be kept confidential.)

20. Is the child a dependent or relative of active military personnel or a veteran of the military?
____ Yes ____ No Please specify relationship: _____

21. Other comments: _____

Permission/Release

_____ I give permission for my child to be assigned a Mentor through the Best Friends Mentoring Program.

_____ I authorize the school to provide information to the Best Friends Mentoring Program about my child that may be relevant to his/her participation in the program.

_____ I understand the Best Friends Mentoring Program will not be held responsible for any injuries, accidents or loss of property while attending any Best Friends' activities.

_____ I hereby release the Best Mentoring Friends Program, employees and their families, and volunteers from any and all liabilities, including claims and lawsuits for any injuries, fatalities or otherwise, and loss of personal property.

_____ I give the Best Mentoring Friends Program permission to photograph or video/film my child for Best Friends Program publicity endeavors.

Parent/Guardian Signature: _____ **Date:** _____

How did you hear about the Best Friends Mentoring Program?

_____ Counselor _____ Friend/Co-worker _____ TV _____ Newspaper
_____ Teacher _____ Radio _____ Other (please specify) _____

Return Application to: Best Friends Mentoring Program
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