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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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