

Cray Youth and Family Services Mentoring Program

YOUTH APPLICATION AND PARENT PERMISSION FORM

Parent/Guardian _____ Relationship to child _____

Do you have legal custody of the child? Yes No

Is there a person who shares legal custody of this child? Yes No

If yes, are they aware and supportive of the child's enrollment in the mentoring program?: Yes No

Child's First Name:		Middle Name:	Last Name:		
Preferred Name/Nickname :		Child's Gender:	Child Date of Birth:		
What is the child's living situation?					
<input type="checkbox"/> Two-parent household <input type="checkbox"/> One-parent household (<input type="checkbox"/> Female / <input type="checkbox"/> Male)					
<input type="checkbox"/> Other relative of child (non-parent) <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home					
<input type="checkbox"/> Other _____					
Home Phone #:	Parent Cell Phone #:	Child Cell Phone #:	Is it okay to text parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Cell Provider:		
			Is it okay to text child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Cell Provider:		
Home Address:		City:	County:	State:	Zip:
Parent/Guardian E-mail:					
Child's School			Grade:		
Child's Race/Ethnicity:					
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other					
<input type="checkbox"/> Asian <input type="checkbox"/> Multi-race (check all that apply)					
<input type="checkbox"/> Black or African American <input type="checkbox"/> <i>American Indian or Alaska Native</i>					
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <i>Asian</i>					
<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> <i>Black or African American</i>					
<input type="checkbox"/> White <input type="checkbox"/> <i>Hispanic or Latino</i>					
<input type="checkbox"/> <i>Native Hawaiian or Pacific Islander</i>					
<input type="checkbox"/> <i>White</i>					
<input type="checkbox"/> <i>Other</i>					

Parent Place of Employment: Parent Work Phone #: May we contact you (the parent/guardian) at the work number listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please check the best number and time to contact you (the parent/guardian)? <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	If we are unable to reach you, who is someone we could call who always knows how to reach you? Name: Phone Number:
Child's Health Insurance Company: ID #:	Primary Care Physician: Prescription Medication:

1. Does your child know that you are applying for the program?

2. Will your child be able to meet with their mentor 4-8 hours a month for the next year?
 Yes No

3. Does your child have any medical conditions that might affect him or her participating in activities with a mentor?
 Yes No If yes, please explain:

4. Number of people (adults and children) in household: _____

5. Is parent/guardian receiving assistance with housing (e.g. Section 8, residence in public-housing, etc.)? Yes No

6. Is child eligible for free or reduced lunch? Yes - Free Yes - Reduced No

7. Does your child have a parent/guardian who is currently incarcerated? Yes No

8. Has your child ever been arrested or involved in the juvenile justice system?
 Yes. Please explain:
 No

9. Within the last year, has your child been in any trouble at school?

- Poor Grades
- Skipping school/classes
- Truant
- Behavior problems

By signing below, I give permission:

1. For my child to participate in the Mentoring Program;
2. For the volunteer matched with my child, who has been screened and approved by Cray, to transport my child to events and match activities;
3. For the school to provide social and academic information about my child to Cray (e.g. report cards, behavior reports);
4. To have my child participate in an intake interview conducted by Cray staff and complete questionnaires throughout his/her time in the program containing questions about school, home life, and personal interests;
5. For Cray staff to provide contact information for me and my child to the volunteer.

I understand that the program is not obligated to match my child with a volunteer and that as part of the enrollment process I will be asked to provide additional information through an in-person interview. I understand that the information I provide in the enrollment process will be kept confidential, unless disclosure is required by law and with exceptions noted. I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities. I understand that certain relevant information about my child will be discussed with the volunteer who is a prospective match (i.e. demographic information, information relevant to volunteer preferences, and information relevant to child-safety and well-being).

I do hereby release the organization and its employees, agents, members, volunteers and all other persons on its behalf from any and all liability for any damage or injury which such child might sustain while participating in said program and activities, including but not limited to any liability to any right of action that may occur to such child directly, or to me as his/her guardian. I understand that this information may be shared with the school or with partnership agencies when applicable.

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

Please return completed application to 44 South Beaver Street New Castle PA 16101
You can also fax it to 724-654-5546 or email it craymentor@gmail.com