



M.A.V. YOUTH MENTORING
Making a difference, together.

Youth Application

Child Information:

Child's Name: _____

Age: _____ DOB: _____ Social Security #: _____ Gender: Male Female

Race: _____ Child's Cell Phone # _____ Referral Source: _____

Living Situation: One Parent: Female/Male Two Parent: Married Two Parent: Not Married
 Group Home Grandparent(s) Other: Please Specify _____

Annual Household Income: _____ Is the family receiving cash assistance?: No Yes

Does the child have an incarcerated parent? No Yes - County Jail State Federal Prison

Does the child have a parent in the military? No Yes - Active Deceased LOD Retired

Is the child enrolled in Free/Reduced Lunch Program? Yes No

School: _____ Teacher: _____ Grade: _____

Program(s) my child is interested in: One- On- One Lunch Club Buddies

Parent/Guardian Information:

Name of Parent/Guardian in Home: _____

Relationship to Child: _____

Address: _____
(mailing address) (city) (state) (zip)

County: _____ E-mail: _____

Home Phone #: _____ Cell Phone #: _____

Employer: _____

Work Phone #: _____ Work E-mail: _____

Preferred Contact Number: Home Cell Work

Is there a person who shares custody of this child? No Yes – Name: _____

If yes, are they aware of the child's enrollment in M.A.V Youth Mentoring? No Yes

Please select the desired characteristics of the Mentor

Ethnicity: White African American Hispanic Multiracial: please specify _____

Smoker: Non-smoker Light Smoker No preference

Religion: Please Specify: _____ No preference

Drinking: Light Drinker Non Drinker

Age: Please Specify: _____ No preference





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(Fill-Out Back Side)

Members of Household			
Please list all persons now living in your home including yourself.			
Name	Sex	Age	Relationship to Child

1. Do you anticipate any significant life changes over the next year or have you had any in the past year? No Yes – Please explain: _____

2. Has your child ever received counseling? If yes, when, where, and what was the problem?

3. What is the primary reason for you wanting your child to have a M.A.V Youth Mentoring?

4. How would you describe the basic personality of your child?

I give my permission for my child, _____, to participate in the M.A.V. Youth Mentoring program. I understand that the MAVYM agency 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 personal information. If my child is matched with a Mentor I agree to support my child’s match and to immediately report any concerns I might have to the MAVYM staff.

Parent Signature: _____ Date: _____

****If possible please attach a recent photograph of your child.****

If you have any questions feel free to contact the MAVYM office.

