

Is either parent, or a primary caregiver, currently, recently or habitually incarcerated in local, state or federal prison? Yes _____ No _____

Please list names and ages of other children living in the home:

1. _____
2. _____
3. _____
4. _____

Any others living in home? _____

Are you affiliated with a church/faith community? _____ If yes, name of church/faith community _____

How would you describe your child's personality and temperament? _____

Circle any you feel apply to describing your child:

Cooperative Energetic Shy Outgoing Follower Nervous Quiet

Talkative Friendly Confident Leader Aggressive Athletic

Vulnerable Loner

How do you think a mentor could help your child? _____

Does your child have any special problems (health problems, allergies, learning disabilities, behavior problems) a volunteer should be aware of? _____

Is your child taking any regular medication? _____ If yes, what for? (Allergies, attention deficit disorder, seizure disorders, diabetes, etc.) _____

Are there any medical restrictions on your child's activities? _____

Does your child have any fears? (animals, heights, bad weather, water, etc)? _____

What are some of your child's special interests or favorite activities? _____

Is your child involved in outside activities (sports, Scouts, church group, clubs etc.)? _____

Please explain as to the time and days of his/her scheduled activities. _____

When would be the best time (hours and days) for your child to see his/her mentor?

Weekday _____ Weekend _____

Do you anticipate any major life changes within the next year? (personal, vocational, or residential)____

EMERGENCY MEDICAL TREATMENT INFORMATION

Medical Insurance Carrier _____

Policy # _____

Name of Doctor _____ Phone # _____

Hospital/Clinic _____

Name of Dentist _____ Phone # _____

Special Medical Problems/Medication Needs: _____

Allergies: _____

Physical Limitations: _____

Emergency Contact Person _____ relation to child _____

Phone # _____

PERMISSION TO BE MATCHED WITH A MENTOR

I give my permission for my child to participate in the Bridges Mentoring program. The information in this application may be shared with a potential mentor in order to help select the appropriate volunteer.

Child's Name _____

Parent/Guardian Signature _____

Date _____

ACTIVITY RELEASE (PERMISSION TO ENGAGE IN BRIDGES ACTIVITIES)

I give my permission and approval for my child to participate in all programs and activities sponsored by or related to the Bridges: Kinship Mentoring Program. I assume all risks and hazards incidental to such participation, including transportation, and I release the sponsors, supervisors, participants, and volunteers from any claims arising from an injury to my child.

Child's Name _____

Parent/Guardian Signature _____

Date _____

PHOTOGRAPH-INTERVIEW-VIDEOTAPE PERMISSION

Bridges: Kinship Mentoring often takes photographs at Bridges events and parties which may later be used for publicity/promotion purposes (a newspaper article, for example). If my child participates in any of these group activities or parties . . .

_____ I give my permission for the Bridges: Kinship Mentoring Program to display and/or publish photographs, interviews and/or videotapes of the above named child.

_____ I decline my permission for the Bridges: Kinship Mentoring Program to display and/or publish photographs, interviews, and/or videotapes of the above named child.



Kinship

Bridges Kinship Mentoring

Bridges Kinship Mentoring
703 N. Pokegama Ave.
Grand Rapids, MN 55744
218-326-4700

YOUTH APPLICATION

DATE: _____

NAME _____

AGE _____ GRADE _____

What activities do you do with your friends? _____

What do your friends or other kids do that makes you angry? _____

What do you do when you're angry? _____

What makes you happy? _____

How is your relationship with your Mom/Dad? (Circle one)

Excellent Good Just Okay Not Good Really Bad

Name three good things about yourself:

1. _____

2. _____

3. _____

If you could have three wishes, what would they be?

1. _____

2. _____

3. _____

If you could change something about yourself, what would it be? _____

Are you worried about anything in your life or your family right now? _____

What do you like about school? _____

What do you dislike about school? _____

Are you experiencing any problems at school? _____

What do you usually do in your spare time when you are alone? _____

Do you play any musical instruments? If so, what? (or do you want to learn to play an instrument?) _____

What do you like to read best? _____

What kinds of pets do you have, if any? _____

What would you like to be when you are older? _____

Do you belong to any clubs, organizations, sport teams, etc.? _____

What places would you like to visit around Grand Rapids or the state of Minnesota _____

What activities would you like to do with a mentor? _____

What are Your Interests?

Name _____ Date: _____

Directions: Please check the activities in which you are interested (even if you have never done it before). Leave the line blank if you have absolutely no interest in this activity.

Sports

- _____ Football
- _____ Baseball
- _____ Basketball
- _____ Soccer
- _____ Jogging/ running
- _____ Tennis
- _____ Volleyball
- _____ Wrestling
- _____ Racquetball,
- _____ Golf (regular)
- _____ Golf (mini)
- _____ Weight lifting
- _____ Archery
- _____ Auto racing
- _____ Watching High School Sports
- _____ Watching Professional sports

Manual

- _____ Model building
- _____ Arts and Crafts
- _____ Photography
- _____ Sewing
- _____ Knitting/ Crochet
- _____ Painting
- _____ Electronics
- _____ Computers
- _____ Auto Mechanics
- _____ Woodworking
- _____ Woodcarving
- _____ Pottery

Winter Activities

- _____ Downhill Skiing
- _____ X-country Skiing
- _____ Sledding, tubing
- _____ Ice-skating
- _____ Hockey
- _____ Snowmobiling
- _____ Ice Fishing

Summer activities

- _____ Canoeing
- _____ Kayaking
- _____ Swimming
- _____ Water Skiing
- _____ Boating
- _____ Horseback riding
- _____ Bike riding
- _____ Skateboarding
- _____ Rollerblade
- _____ Going to a park

Other Outdoor

- _____ Taking Walks
- _____ Hiking
- _____ Camping
- _____ Fishing
- _____ Hunting
- _____ Rodeos
- _____ Animals tending
- _____ Travel, Sightseeing
- _____ Gardening

Other

- _____ Bowling
- _____ Movies
- _____ Museums
- _____ Plays
- _____ Concerts
- _____ Dancing
- _____ Reading
- _____ Singing
- _____ Video Games
- _____ Cooking
- _____ Playing cards _____
- _____ Table games (i.e. Ping-pong, Foosball, Pool)
- _____ Science
- _____ Music
- _____ Playing an Instrument?

(Name) _____

-
- _____ Collections (Coins, Rock, Stamp)
 - _____ Board games
 - _____ Learning things
 - _____ Writing, journaling
 - _____ Visit Library
 - _____ Go to YMCA

Other things you would really like to do:

Is there anything you are opposed to doing?
