

**Insert
Agency
Logo Here**

Your Agency Name Here

Mentee Agreement
(To be completed by youth after interview)

Office Use Only

Date Received _____

Received By _____

Personal Information

Office Code _____

Youth Name (Last, First, Middle Initial)	Birth date (MM/DD/YYYY) ____/____/____	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Youth Agreement

Please indicate that you understand following conditions by marking the corresponding boxes and signing your application.

- I understand that being a mentee in this program is voluntary.
- If selected for this program, I agree to come meet with my mentor each week for a year.
- I am aware that if after two (2) weeks I am uncomfortable with my mentor(s), opportunity will be given to discuss this with my mentor(s) or the program director. When I am matched with a mentor, my interests, likes, dislikes, and what I hope to gain from participating in the program will always be taken into consideration.
- If selected for the program, I agree to follow rules related to health, safety, and behavior.
- If my parent or guardian agrees, **Your Agency Name Here** will use information collected as part of the program for the purposes of evaluating the program.
- I understand that the information I have provided in this form will be stored confidentially by Lower Lights Ministries.
- All information supplied here, and in my interview with **Your Agency Name Here** staff, is true and correct.

Disciplinary Action Plan

At **Your Agency Name Here**, we understand that any time we work with people there is the potential for varying levels of misconduct. Our goal in addressing any occasion of misconduct is to correct and restore the individual(s) at fault. Below is our six step disciplinary action plan that helps us in achieving this goal.

- Step 1 – Warning (unless severe)
- Step 2 – Time Out
- Step 3 – Sent home for the day
- Step 4 – Call home, 2 week suspension
- Step 5 – Meeting with Parent(s)/Guardian, suspended until meeting
- Step 6 – Suspension from program

Additional disciplinary steps will be determined by the **Your Agency Name Here** staff as necessary.

My signature at the bottom of this form indicates that I have read and understand this policy.

Applicant Signature

Date