

Your Agency Name Here

Youth Mentoring Program

Mentee Application Checklist (to be filled out by Program Staff)

| | |
|------------------------------------------|----------------------------------------------------|
| Youth Name (Last, First, Middle Initial) | Parent/Guardian Name (Last, First, Middle Initial) |
|------------------------------------------|----------------------------------------------------|

Screening Materials

| | Date Sent to Applicant | Date Rec'd From Applicant | Date Item Completed |
|--------------------------------------------------------------------------|------------------------|---------------------------|---------------------|
| Mentee Application | | | |
| Student Medical and Liability Release | | | |
| Face-to-Face Interview (complete the Mentee Interview and Interest Form) | | | |
| Mentee Agreement | | | |
| Acceptance/Rejection Notification | | | |

Eligibility Criteria Checklist

Does the applicant meet each of the eligibility criteria? Please check the appropriate box.

| | Yes | No | Eligibility Criteria |
|-----|-----|----|-------------------------------------------------------------------------------------------------------------------|
| 1. | | | State Age Requirement |
| 2. | | | Resides in (Geographical Area Served) |
| 3. | | | Demonstrate a desire to participate in the program |
| 4. | | | Willing to adhere to program policies and procedures |
| 5. | | | Provides parental/guardian permission and ongoing support for participation in the program |
| 6. | | | Agrees to a one-year commitment |
| 7. | | | Agrees to weekly contact (1 hour minimum) with mentor |
| 8. | | | Completed screening procedures |
| 9. | | | Agrees to attend required training sessions |
| 10. | | | Willing to communicate regularly with the program coordinator and submit monthly meeting and activity information |

Does the mentee applicant meet all eligibility criteria? Yes No

If no, explain any mitigating circumstances?

General Assessment Areas

| Assessment Area | Good | OK | Needs Help | Poor | Comments |
|------------------------------------|------|----|------------|------|----------|
| 1. Motivation for being in program | | | | | |
| 2. Academic Performance | | | | | |

| | | | | | |
|---------------------|--|--|--|--|--|
| 3. General Health | | | | | |
| 4. Hygiene Habits | | | | | |
| 5. Self-esteem | | | | | |
| 6. Social Skills | | | | | |
| 7. Parental Support | | | | | |

Overall Comments:

Approval

| | | |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------|
| Approve as Mentee | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Application Withdrawn | |
| Approved By | Name | Today's Date |
| Program Director (for mitigating circumstances) | Name | Today's Date |

Orientation Requirement

| Training Name | Date Youth Attended | Trainer | Date Parent/ Guardian Attended | Trainer |
|--------------------------------|---------------------|---------|--------------------------------|---------|
| Pre-match Orientation (Year 1) | | | | |
| Orientation (Year 2) | | | | |
| | | | | |