

XXXX

Title

MENTEE APPLICATION & INTEREST SURVEY

****All fields are required**

(To Be Completed by the Parent/Guardian)

Personal Information

Date: _____

Youth's Name: _____

Parent/Guardian Name: _____

Relationship to Youth: Mother ___ Father ___ Other, specify: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Birth Year: _____ Grade: _____

Gender Identity: _____

Do you have a preference of the gender of mentor? Yes No

If yes what gender _____

Application Questions

Please answer all of the following questions.

1. Why do you/your child want to participate in a mentoring project?

Compliance Coordinator	COO	CEO

XXXX

Title

2. What qualities are you looking for in a mentor?

3. Is your child available to connect online, over the phone, and/or over email for 2-3 sessions with a mentor? Yes No

4. Are you and your child willing to attend an initial mentee information session after being matched? Yes No

5. Are there specific challenges or issues that your child is facing living gluten-free?

6. Can you provide any additional background information that may be helpful to Generation GF in matching your son/daughter with an appropriate mentor?

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7. Do you have any questions about the program I can answer for you?

MENTEE INTEREST SURVEY (To Be Completed by Youth)

Please complete all the following.

This survey will help Generation GF Mentoring Project know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentor? Please check all that apply.

Weekdays: After school: ___ Evenings: ___ Weekends: ___

Do you speak any languages other than English? If so, which languages?

What are some favorite things you like to do with other people?

What are your favorite subjects to learn about?

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What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Please list all activities you are interested in:

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List any other areas of special interest

After receiving this completed application from you, we will evaluate the information and send you a letter letting you know if your child has been accepted into the mentoring project. Much of the information you supply in this application packet will be used to match your child with an appropriate mentor. Therefore, the mentoring staff may, at times, need to access and share this information with prospective mentors and other parties when it is in the best interest of the match. However, we do not reveal names until there is an initial interest from the mentee, parent/guardian, and mentor based first upon anonymous information provided about each other.

Please initial each of the following:

_____ I give my informed consent and permission for my child to participate in the Generation GF Mentoring Project and its related activities.

_____ I agree to have my child follow all mentoring project guidelines and understand that any violation on my child's part may result in suspension and/or termination of the mentoring relationship.

_____ I release the Generation GF Mentoring Project of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the project, including but not limited to transportation, and hold harmless any Generation GF mentor, project staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ (optional) I agree to allow Generation GF to use any photographic image of my child taken while participating in the mentoring project. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following completed items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Mentorship Application & Interest Survey Form
- Information Release Form
- Photo Release Form (optional)

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Please read this carefully before signing

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Generation GF Mentoring Project appreciates you and your child's interest in his/her becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their son/daughter to participate in the Generation GF Mentoring Project.

Parent/Guardian Signature

Date

Email this completed form to GenerationGF@gluten.org

INTERNAL MONITORING: This procedure will be monitored annually.

ACCEPTANCE CRITERIA: 100% Compliance