

YouthMentoring of the Southern Tier Youth Application & Parent Permission Form

Parent/Guardian Name:		Relationship to Child:		Child's Gender:	
Child's First Name:		Last Name:		Preferred Name/Nickname:	
Child's School:		Child's Age:		Child Date of Birth:	
What is the child's living situation? <input type="checkbox"/> Two-parent household <input type="checkbox"/> One-parent household (<input type="checkbox"/> Female / <input type="checkbox"/> Male) <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Other relative of child (non-parent) <input type="checkbox"/> Other _____					
Home Phone #:		Parent Cell Phone #:		Child Cell Phone #:	
Preferred method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text					
Home Address:		City:		State:	Zip:
County:					
Parent/Guardian E-mail:			Child E-mail:		
Child's Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multi-race (check all that apply) <input type="checkbox"/> <i>American Indian or Alaska Native</i> <input type="checkbox"/> <i>Asian</i> <input type="checkbox"/> <i>Black or African American</i> <input type="checkbox"/> <i>Hispanic or Latino</i> <input type="checkbox"/> <i>Native Hawaiian or Pacific Islander</i> <input type="checkbox"/> <i>White</i> <input type="checkbox"/> <i>Other</i>			Parent/ Guardian Place of Employment: Parent Work Phone #: May we contact you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Emergency Contact Name: Phone #: Relationship to Child:		
			Does guardian receive income assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child receive free or reduced lunch? <input type="checkbox"/> Yes/ Free <input type="checkbox"/> Yes/ Reduced <input type="checkbox"/> No Please check your estimated household income: <input type="checkbox"/> 0-\$10,000 <input type="checkbox"/> \$10,001-\$15,000 <input type="checkbox"/> \$15,001-\$20,000 <input type="checkbox"/> \$20,001-\$30,000 <input type="checkbox"/> \$30,001-\$50,000 <input type="checkbox"/> \$50,001+		
			Parent/Guardian Employer: _____ _____		
What program/location is this youth interested in? <input type="checkbox"/> Corning <input type="checkbox"/> Bath: Youth and Law Enforcement <input type="checkbox"/> Elmira <input type="checkbox"/> Genesee Valley Central School <input type="checkbox"/> Whitesville Central School					

Within the last year, has your child been in any trouble at school?

- Poor Grades
- Skipping school/classes
- Truant
- Behavior problems (Describe: _____)
- Has been suspended (Reason for suspension: _____)
- Has been expelled (Reason for expulsion: _____)
- Sent to an alternative school (Reason for school change: _____)

1. What strengths does your child have that a mentor might be able to help grow?

2. What are some of the needs your child has (could be social, emotional, behavior, or academic) that a mentor may be able to help them with?

3. How would you describe the best mentor for your child?

4. Does your child have any medical conditions (including food allergies) that might affect him or her participating in activities with Youth Mentoring of the Southern Tier?

By signing below, I give permission:

1. For my child to participate in the Youth Mentoring of the Southern Tier program;
2. For the school to provide social and academic information about my child to Youth Mentoring of the Southern Tier (e.g. report cards, behavior reports);
3. To have my child participate in an enrollment interview conducted by Youth Mentoring of the Southern Tier staff and complete questionnaires throughout his/her time in the program containing questions about school, home life, and personal interests;
4. To have my child talk with a Youth Mentoring of the Southern Tier staff person about personal safety;

I understand that the program is not obligated to match my child with a volunteer and that as part of the enrollment process I may be asked to provide additional information. I understand that the information I provide in the enrollment process will be kept confidential, unless disclosure is required by law and with exceptions noted. I understand that incidents of child abuse or neglect, past or present, must be reported to proper authorities. I understand that certain relevant information about my child will be discussed with the volunteer who is a prospective match (i.e. demographic information, information relevant to volunteer preferences, and information shared in my child's in-take interview).

I certify that all of the information on this form is true and correct and that all income is reported. I understand this information is being given for the receipt of funds, that the information on this application may be verified, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. I understand this information will not affect my qualification for the program.

I do hereby release the organization and its employees, agents, members, volunteers and all other persons on its behalf from any and all liability for any damage or injury which such child might sustain while participating in said program and activities, including but not limited to any liability to any right of action that may occur to such child directly, or to me as his/her guardian. I understand that this information may be shared with the school or with partnership agencies when applicable.

If my child is matched with a mentor I agree to support my child's match by reviewing the program and safety information given to me by Youth Mentoring of the Southern Tier, communicating with Youth Mentoring of the Southern Tier staff at least once per semester and once during summer break, and immediately reporting any concerns I might have to the school or Youth Mentoring of the Southern Tier staff.

Parent/Guardian Signature: _____ **Date:** _____



CONSENT FOR RELEASE OF INFORMATION

Information Exchange Between:

<p>_____</p> <p>School</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>Phone</p> <p>_____</p> <p>School Personnel (as appropriate)</p>	<p>Youth Mentoring of the Southern Tier Coordinator Family Service Society, Inc. 79 Flint Avenue Corning, New York 14830-2932 (607) 936-3507</p>
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Re: Student/"Mentee" Name:

Date of Birth:

Extent or nature of information to be disclosed:

- Academic Progress Reports
- Teacher Observations
- Classroom Behavior
- Other:

I hereby authorize the periodic release of the above information to the person/organization/program identified above as often as necessary to support my child's progress in Youth Mentoring of the Southern Tier. I understand that the information to be released is confidential and protected from disclosure. I also understand that I have the right to cancel my permission to release information at any time.

My consent to release information to the person/organization/program identified above, will expire when my child is no longer receiving services from Youth Mentoring of the Southern Tier, or one year from this date, whichever occurs first.

Signature of Parent/Guardian

Date