



Staff Name _____ Today's Date _____

Mentee Application

Personal Information

Youth's Name: _____ Gender: Male ___ Female ___

Ethnicity: White ___ Hispanic ___ African American ___ Asian ___ Native American ___ Other ___

Date of Birth ___/___/___ Age: _____

Parent/Guardian Name(s): _____

Relationship(s) to Youth: Mother ___ Father ___ Other, specify: _____

Names/Ages/Sex/DOB of other household members: _____

Physical Address: _____

Guardian Phone number: _____ Description _____

Youth Cell Phone number: _____ Description _____

Guardian Email: _____ Youth E-mail: _____

Emergency Contact Name: _____ Day Phone _____

Household Income (for our grant purposes): ___0-\$15,000 ___\$15,000-\$30,000 ___\$30,000-\$45,000
___\$45,000-\$60,000 ___\$60,000-\$75,000 ___Over \$75,000

Does your child or family qualify for (grant purposes): Free/reduced lunch? _____

CHP+ or Medicaid? _____ TANF? _____ Food Stamps/SNAP? _____ LEAP? _____

Name of School: _____ Grade: _____

Legal Involvement: _____ Since: _____

Probation/Diversion Officer: _____

Community Service Requirements? Yes or No Hours: _____ Time left: _____

What types of community service projects would you like to participate? _____

Why would you like your child/teen to be involved in Chaffee County Mentors?

Are there any special needs about your child/teen that we should know about?

Would you be interested in learning more about additional services provided by Child Welfare such as free counseling, drug/alcohol counseling, etc? YES or NO

www.chaffeementors.org
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