

FOCUS MENTORING PROGRAM

700I Harford Road ~ Baltimore, MD 21234

Phone: 410-444-2006 Fax: 410-444-7406

Mentee Profile & Authorization Statement

Child's Name _____ Date of Birth _____ Age _____ Gender M F

Current School _____ Address **(please include city, state & zip code)** _____

Principal's Name _____ Teacher's Name _____

Current Grade _____ Current Academic Standing (Excellent, Good, Fair) **(please attach report card)** _____

Parent's/Caregiver's Name _____ **Address** _____

() () _____

City, State Zip Code Home Phone Work Phone

Please list name & relationship of adults in the household other than parent: _____

Do you speak any language other than English? YES NO If yes, name the other language. _____

Do you participate in any extracurricular activities? YES NO If yes, which activity? _____

Have you ever been mentored before? YES NO If yes, please state when. _____

Do you have any volunteer experience? YES NO If yes, please describe. _____

Do you have an incarcerated parent? YES NO If yes, tell us their name. _____

List some of your hobbies: _____

What do you want to be when you grow up? _____

Emergency Contact

Primary Emergency Contact _____ () ()
Home Phone Work Phone

Address _____ City, ST ZIP Code _____

Medical Information

Allergies/Special Health Considerations _____

Physician's Name _____ Phone Number _____

Parent/Caregiver Signature & Authorization Statement

Parent's/Caregiver's Signature _____ Date _____

I give authorization for my child to participate in the Focus Mentoring Program as a mentee. I also agree to participate in Family Strengthening Workshops and other scheduled activities for caregivers. I further agree to support this relationship by ensuring that my child remains an active participant.

Parent's/Caregiver's Signature _____ Date _____