

Mentee Application 2016-2017



Neighborhood House’s Collegiate Mentoring Program matches college students with local youth ages 7-17. Mentoring pairs meet for one hour twice a week throughout the academic year to strengthen the youths’ academics, social skills, and self-esteem. To apply to be in the Collegiate Mentoring Program, please fill out and return this application to Neighborhood House Community Center at 29 S. Mills St., Madison, WI 53715.

Once you submit the application, Neighborhood House staff will match the youth with a college student. Please note that the matching process is based on availability of both the mentees and mentors. While we try to match mentoring pairs as fast as we can, it may take some time to find a match for every applicant. Neighborhood House staff will contact you when we match your youth with a mentor.

Youth’s Name: _____ Date: _____

Date of birth: ____/____/____ Age: _____ Gender: _____

Name of school: _____ Grade: _____

Please list all languages that the youth speaks: _____

Please list any allergies: _____

Please list any medications needed by youth during mentoring: _____

Are there any medical, physical, or emotional limitations or considerations that we should know about to create a better mentoring experience? _____

Mentoring will take place for one hour twice a week. Please mark all the times that the mentee is available:

	Monday	Tuesday	Wednesday	Thursday	Friday
1:30-2:00					
2:00-2:30					
2:30-3:00					
3:00-3:30					
3:30-4:00					
4:00-4:30					
4:30-5:00					
5:00-5:30					
5:30-6:00					

Office Use Only:

Mentor Match: _____ Meeting Times: _____

Parent/Guardian Name: _____

Relationship to Youth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Home phone: _____

Work phone: _____ Email: _____

Parent/Guardian Name: _____

Relationship to Youth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Home phone: _____

Work phone: _____ Email: _____

Emergency Contact Name *(other than a parent)*: _____

Emergency Contact's phone number: _____

Please list the names and phone numbers of people who are allowed to pick up the youth from Neighborhood House Community Center other than their parent/guardian:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Signature of Parent/Guardian

Date

Field Trip Permission Slip

Mentors and mentees are encouraged to take field trips to the UW-Madison campus and to City of Madison attractions. The only mode of transportation to these field trips will be walking and/or taking Madison Metro buses. By signing below, I give my child permission to participate in all program activities and field trips pertaining to the Mentoring Program. In the event that I do not want my child to participate, I understand that I must contact Neighborhood House Community Center staff. I also understand that my child must obey Neighborhood House rules to participate in activities.

If the mentee will be late or cannot meet with their mentor, please inform Neighborhood House as soon as possible by calling 608-255-5337 or emailing mentoring.nhcc@gmail.com.

Signature of Parent/Guardian

Date

Computer Buddies Permission Slip

RSVP of Dane County and Neighborhood House Community Center are offering students an enrichment program called, "Computer Buddies." The program pairs the student with a senior volunteer to write blog posts to each other; they will be modern "pen pals." All blog exchanges will take place during your child's scheduled mentoring meetings and will be monitored by NH and RSVP staff.

Please note that there may not be enough senior volunteers for every mentee to have a computer buddy. If you have any questions, please contact Neighborhood House at 608-255-5337 or mentoring.nhcc@gmail.com, or you can contact Diana Jost from RSVP of Dane County at 608-441-1393 or djost@rsvpdane.org.

Signature of Parent/Guardian

Date

Authorization for Publications

By signing below, I give permission for Neighborhood House Community Center and local publications to use my child's name as well as photographs of and quotes from my child to be published on Neighborhood House's social media, website, and newsletter and/or in local news stories related to Neighborhood House.

Child's Name: _____

Signature of Parent/Guardian

Date

Walk Home Authorization

I authorize and give consent to Neighborhood House Community Center to release my child after their mentoring meeting to walk home from the mentoring program without parental or staff guidance.

Child's Name: _____ Age: _____

Waiver: I understand that it is the official policy of the Neighborhood House Community Center Mentoring Program to allow only those individuals listed on my child's registration form to pick them up from the program. By signing this form I authorize my child to walk home and understand and agree that the program will not assume any responsibility or liability once my child has left the facility. I hereby grant permission for my child to leave the program and walk home or to another destination without the guidance of an authorized adult, contrary to program policy. I forever discharge the Neighborhood House Community Center, its officers, agents, and employees, from any lawsuits, damages, claims, or judgments resulting from any personal injuries or property damages that my child may sustain once they have left the program and/or facility, thereby indicating to program staff that they are no longer participating in an activity sponsored by the Neighborhood House Community Center.

Signature of Parent/Guardian

Date

Mentor & Mentee Matching

This section is to be filled out by the mentee. Thank you!

Check the interests you'd like to share with your mentor:

_____ biking	_____ science	_____ cooking	_____ library	_____ theatre
_____ music	_____ sports	_____ yoga	_____ gardening	_____ parks
_____ movies	_____ fishing	_____ animals	_____ reading	_____ board games

Check any of the words below that you think describe your personality:

_____ quiet	_____ shy	_____ nervous	_____ withdrawn	_____ outgoing
_____ talkative	_____ friendly	_____ insecure	_____ inquisitive	_____ adventurous
_____ confident	_____ spiritual	_____ sensitive	_____ happy	_____ moody

What is your favorite subject in school? _____

Are there any other considerations with regards to matching? _____

The City of Madison requests the following information, though identities will not be disclosed.

Please describe your race/ethnicity (*please check all that apply*) :

- White/Caucasian
- Hispanic/Latino
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- Other (*please specify*) _____

How many people in your household have a disability? _____

Do you live in a household maintained by a female single head of household?

- Yes
- No

Household size and income:

Please go to the column that indicates the number of people that live in your household, and

CIRCLE the income range that describes the combined income of everyone in your household.

1 Person Household	2 Person Household	3 Person Household	4 Person Household
Over \$46,000	Over \$52,600	Over \$59,150	Over \$65,700
\$29,400 to \$46,000	\$33,600 to \$52,600	\$37,800 to \$59,150	\$41,950 to \$65,700
\$17,650 to \$29,400	\$20,150 to \$33,600	\$22,650 to \$37,800	\$25,150 to \$41,950
Less than \$17,650	Less than \$20,150	Less than \$22,650	Less than \$25,150
5 Person Household	6 Person Household	7 Person Household	8 Person Household
Over \$71,000	Over \$76,250	Over \$81,500	Over \$86,750
\$45,350 to \$71,000	\$48,700 to \$76,250	\$52,050 to \$81,500	\$55,400 to \$86,750
\$28,440 to \$45,350	\$32,580 to \$48,700	\$36,730 to \$52,050	\$40,890 to \$55,400
Less than \$28,440	Less than \$32,580	Less than \$36,730	Less than \$40,890

Other Services Provided by Neighborhood House

Please complete this form if you are interested in being contacted about receiving items from the following annual drives. *(Circle any that interest you):*

Winter Wear Drive

Thanksgiving Meal Drive

Holiday Gift Drive

School Supply Drive

Healthy Meal Program

Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Number of adults living in the household: _____

Number of children living in the household: _____

Please note that items are distributed while supplies last and to those who meet the income requirement. Completing this form does not guarantee that you will receive items. You will be contacted as items are available.

Please return application to Neighborhood House Community Center:



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608-255-5337
mentoring.nhcc@gmail.com