

## Youth Empowerment & Support (YES) Mentoring Program

Child Guidance Center of Southern Connecticut, Inc.

## Mentee Application

Date of Application:		
Child's Name		
Address:		
City:		
Parent's Name		
Parent Language:		
Care Coordinator working	with the family:	
Start date with the System	of Care Program:	
Two Emergency Contacts (Must be other than parent above		
Name:	Phone:	Relation:
Name:	Phone:	Relation:
About Child:		
Language:		
Any allergies or medical co	onditions: If yes please list:	

List Hobbies and Interests:



Why would you like your child to participate in the YES mentoring program?

Anything else we should know or you would like to request of the mentor:

Availability: Please put an X on the box that corresponds.

	Monday	Tuesday	Wednesday	Thursday	Friday
After 3:					
After 5:					

	Saturday	Sunday
Between 1 p.m. $-5$ p.m.		
Between 5 p.m. – 9 p.m.		

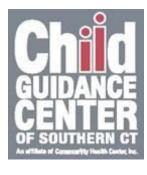
## Signature:

I, \_\_\_\_\_, give permission

for my child to participate in the YES Mentoring Program. I also agree that I understand the following

rules of the Yes Mentoring Program:

- The Mentoring Program will last for twelve weeks unless otherwise approved by Program Manager.
- Mentor and Mentee visits will happen between program hours only.
- The YES Mentor will not transport child at any time.



Parent/Guardian Signature:\_\_\_\_\_

Date:\_\_\_\_\_

\*Please fax this to the attention of Yecica Campoverde at 203-348-9378.