



Youth Empowerment & Support (YES) Mentoring Program

Child Guidance Center of Southern Connecticut, Inc.

Mentee Application

Date of Application: _____

Child's Name _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Telephone: _____

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 conditions: 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, _____ parent/guardian of _____, 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.