



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Little Application

Date of Application: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Race (Optional):

\_\_\_\_\_ White \_\_\_\_\_ Pacific Islander

\_\_\_\_\_ Black \_\_\_\_\_ Native American

\_\_\_\_\_ Asian \_\_\_\_\_ Multi-racial

\_\_\_\_\_ Hispanic \_\_\_\_\_ Other, please specify: \_\_\_\_\_

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Name, Address, and Phone Number of person completing this form, if different than guardian:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_



### Personality & Self Concept

1.) How does the child get along with others? Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2.) Does the child enjoy new things and going to new places? Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3.) Does the child prefer individual or group activities? \_\_\_\_\_

\_\_\_\_\_

4.) Can the child work in both environments? \_\_\_\_\_

5.) Does the child make friends easily with adults? \_\_\_\_\_

6.) Does the child make friends easily with other children? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7.) Have you had problems with the child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8.) Has the child been in trouble with the law or in school? Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Scholastic

School District: \_\_\_\_\_

Name of Child's School: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_



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1.) What are the average grades the child receives? \_\_\_\_\_

\_\_\_\_\_

2.) What subjects does the child dislike? \_\_\_\_\_

3.) Does the child participate in any sports, clubs, or performing arts? List: \_\_\_\_\_

\_\_\_\_\_

4.) What is the child's attitude towards school? \_\_\_\_\_

\_\_\_\_\_

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How did you hear about our program?

\_\_\_\_\_

\_\_\_\_\_

Please describe why a Mentor is needed (be specific and list any special needs):

\_\_\_\_\_

\_\_\_\_\_

**Family Background**

How many children are in the family? \_\_\_\_\_

What is the birth order of the child applicant? (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc.) \_\_\_\_\_

Living Situation:

\_\_\_ One parent(Female)

\_\_\_ One Parent (male)

\_\_\_ Other

\_\_\_ Two Parent

\_\_\_ Other Relative

\_\_\_ Unknown

\_\_\_ Group Home

\_\_\_ Foster Home



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**Please list all the persons living in your home including yourself:**

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**Does the child have regular contacts with other relatives? If yes, please list names:**

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**Physical Characteristics**

**Does your child have any physical limitations, disabilities, allergies, seizures, illnesses etc.? Explain:**

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**Will any medications need to be administered by the Mentor? If yes, what will the Mentor be required to do?**

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**Other Activities**

**Is the child under the supervision of any of the following agencies?**

- |  |  |
|--|--|
| <input type="checkbox"/> Alice Paul House                      | <input type="checkbox"/> ICAAP                     |
| <input type="checkbox"/> Center for Improvement of Family Life | <input type="checkbox"/> Mental Health Association |
| <input type="checkbox"/> Guidance Center                       | <input type="checkbox"/> Child and Youth Services  |
| <input type="checkbox"/> Public Welfare                        | <input type="checkbox"/> Day Care                  |
| <input type="checkbox"/> Open Door                             | <input type="checkbox"/> Other, please list: _____ |
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**Do you have any preferences regarding a potential Mentor?**

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**Please describe the ideal Mentor for your child (be specific):**

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*The Mentoring Program provides all services and employment, referrals, and admissions without regards to race, color, religious creed, lifestyle, handicap, ancestry, national origin, age or sex.*

**Emergency Information**

**Name:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Address:**

\_\_\_\_\_

(street) (city) (state) (zip code)

**Phone Number:** \_\_\_\_\_

**Name and phone number of child's physician:**

\_\_\_\_\_  
\_\_\_\_\_



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**To be signed by the Parent/Guardian:**

**I acknowledge and stipulate that the BHLH Program of Indiana County is not obligated to assign, or actively seek to assign a volunteer to any child. I further understand and stipulate that the BHLH Program of Indiana County makes no warrantee, guarantee or other commitment either stated or implied as to the impact of a match upon any of the parties involved whether emotional, psychological, spiritual, or physical, other than the normal guarantee of an individual that best judgment and concern will be applied in dealing with human personality. In recognition thereof, I hereby agree to hold free of liability the BHLH Program and any agency local and national and all agents and representatives thereof, in the events of any unfortunate results or development occurring as a part of their efforts on my behalf.**

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

**Signed:** \_\_\_\_\_

**Printed:** \_\_\_\_\_



## Interest Inventory

We request that you complete the following information so that we can have a better understanding of your likes and dislikes. This will assist us in matching people with common interests. Please place the letter "Y" for yes, beside the activities you have done and enjoyed. Place an "X" next to any activity that you would like to do. Finally, place the letter "N" for no, by any activity that you do not enjoy.

### Indoor Activities

- Board/Card Games
- Card Collecting
- Stamp Collecting
- Coin Collecting
- Cooking
- Dancing
- Listening to Music
- Model Building
- Movies
- Musical Instruments
- Singing
- Watching Television

### Outdoor Activities

- Bicycling
- Boating
- Camping
- Fishing
- Gardening
- Hiking
- Horseback Riding
- Hunting
- Sledding
- Walking

### School-Related

- Art
- Geography
- History
- English
- Gym
- Mathematics
- Spelling
- Reading
- Music

### Sports

- Archery
- Baseball
- Basketball
- Bowling
- Football
- Golf
- Hockey
- Ice Skating
- Ping Pong
- Pool
- Roller Blading/Skating
- Skiing
- Soccer
- Tennis
- Track
- Volleyball
- Wrestling

### Other

- Animals/Pets
- Arts & Crafts
- Auto Mechanics
- Carpentry
- Computers
- Photography
- Sewing
- Shopping
- Travel