



Mentee Application

Name: _____ Age: _____ Birth Date: _____

Address: _____ Zip Code: _____ School: _____

Phone: _____ Email: _____ Grade: _____

Parent/Guardian: Name: _____ Phone: _____

How did you find out about the One to One mentoring program?

Tell us a little bit about yourself. (What do you like to do, family members, etc).

Why do you want a mentor?

Please state any specific problems you have at home or in school.

Have you ever been on probation or involved with Juvenile Court?

Student Program Commitment

By signing below, I agree to the following if I am matched with a mentor:

- I will try my best to meet with my mentor once a week.
- I will try my best to return my mentors phone calls.
- I will notify my mentor if I am unable to make an appointment.

Youth Signature: _____ Date: _____

Consent for Treatment

If an accident occurs and I am unavailable or cannot be reached, I give full permission to The Nehemiah Foundation/One2One Mentoring and/or my child's mentor to exercise the decision in choosing the type of medical aid to be administered for my child, _____. I agree to the performance of such treatment as anesthetics and operations if deemed necessary by the attending physician.

Student Signature: _____

Parent/guardian: _____

School Release

I, _____, give permission for The Nehemiah Foundation/One2One Mentoring permission to request pertinent school information regarding my son/daughter, _____. I further release the school listed from all liability and claims pertaining to disclosure for the information requested.

School: _____ Student Name: _____

Parent/guardian: _____

Release of Liability

By signing this release, I understand I am giving my permission for the following: I hereby release The Nehemiah Foundation/One2One Mentoring, the mentor co-coordinators, employees, and volunteers from any and all liability whatsoever (including physical and emotional injury) arising out of any injury, damage, or loss, which may be sustained during the course of involvement with the One2One Mentoring program.

Parent/guardian: _____

Please return this form to referring organization. Or, you may mail to:

One2One Mentoring
P.O. Box 1603
Springfield, OH 45501

Contact Jackie Mounts 937.408.0838, or Nancy Lutz 937.408.9750 if you have any questions.

Upon receiving your application, we will contact you to schedule an interview time.