



Address: PO Box 801, Theodore, AL 36590 | Phone: 251-366-2426 | Email: [mail@bounce-back.net](mailto:mail@bounce-back.net)

## Mentee Application Form

**- Confidential -**

*Bounce Back Youth Leadership Foundation embodies the principles of diversity and welcomes participation regardless of race, religion, culture or sexual orientation*

Child First name: \_\_\_\_\_ Child Last name: \_\_\_\_\_

What other name(s) does your child go by (if any): \_\_\_\_\_

☐ Male ☐ Female Birth date: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
( Month / Day / Year)

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Suite Street Address City Postal Code

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you require more than one mentor? ☐ Yes ☐ No If yes, please explain? \_\_\_\_\_

What are your leisure time interests and activities? (e.g. clubs, sports, hobbies, special interests):  
\_\_\_\_\_  
\_\_\_\_\_

How is the child doing in school: Above Average \_\_\_\_\_ Average \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you request a mentor? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Is the child a current participant in any other type of social service, counseling, human service, community or recreational program? Examples: youth clubs, church program, cultural program, scouts:

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Any special health concerns or disabilities? \_\_\_\_\_

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Any known allergies? \_\_\_\_\_

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Does the child have a parent who is incarcerated? (circle one) Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where, and does the child have visitation and/or any contact? \_\_\_\_\_

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**With whom does child reside? List all members of household and their age**

| Name | Relationship | Age |
|------|--------------|-----|
| 1.   |              |     |
| 2.   |              |     |
| 3.   |              |     |
| 4.   |              |     |
| 5.   |              |     |
| 6.   |              |     |

Note any specific discipline and/or behavior problems of concern to you:

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List all known drug/alcohol use: \_\_\_\_\_

List all known arrests/Juvenile convictions: \_\_\_\_\_

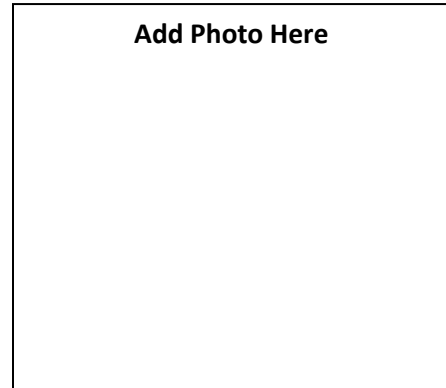
Have your child(s) ever participated in other mentor programs? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes" list name and location of program:

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Please attach a recent photo of your child for our reference



## CUSTODIAL PARENT/GUARDIAN

Full legal name: \_\_\_\_\_  
Last First Middle

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

Phone numbers: \_\_\_\_\_  
Home Work Cell Other

Best times/days to reach you: \_\_\_\_\_

How did you hear about Bounce Back: \_\_\_\_\_

I, the undersigned, acknowledge that the information provided on this form is accurate to the best of my knowledge. I understand that in submitting this form, there is not a guarantee of services. I also understand that more information may be obtained as the application process continues. I agree to inform Bounce Back Youth Leadership Foundation of any issues that may require joint involvement of another parent or legal guardian, if the child is successfully matched with a Certified Bounce Back Mentor.

I also understand that the application and screening process may take several weeks and will include a home visit, interviews with family members in addition to the child. This may include school grade reports, records from juvenile probation, mental health (counseling) records, medical records, court documents other legal documents and all other needed documentation to complete processing of this request. I give my permission for the Mentor(s) of Bounce Back Youth Leadership Foundation to contact the Mobile County School District, or any other agency with information regarding my child.

\_\_\_\_\_  
Signature of parent/guardian completing form

\_\_\_\_\_  
Today's date



# BOUNCE BACK YOUTH LEADERSHIP FOUNDATION MENTORING PROGRAM

## Permission to Participate

To the Mentor(s) of Bounce Back:

I, \_\_\_\_\_ (Parent/Legal Guardian name), hereby give consent for  
\_\_\_\_\_ (Youth's name) to participate in the mentoring program offered by  
Bounce Back. I understand that he/she will be matched with a trained and screened adult mentor and  
that the mentor will provide guidance and support throughout the entire mentorship. This consent is  
considered valid until Bounce Back is notified in writing by me of cancellation of this permission.

\_\_\_\_\_ I understand the Mentors Program and its operations. My child is participating voluntarily in  
the program with the understanding that the adult mentor and my child will spend a minimum of one  
hour a week together participating in various activities at various locations of their joint choosing. On  
occasion, I understand that my child will be joining other mentees and mentors in scheduled group  
activities.

\_\_\_\_\_ I agree to direct my child to cooperate with directions and instructions of the mentor while  
they are together. Should it be necessary for my child to receive medical treatment while participating  
in an activity, I hereby give the mentor and/or Bounce Back personnel permission to use their  
judgment in obtaining medical services. I give permission to the physician selected by the supervisory  
personnel to render medical treatment deemed necessary and appropriate by the physician.

\_\_\_\_\_ I agree that in the event my child is injured as a result of his or her participation in this  
program, including transportation to and from such activity, through negligence, active or passive, of  
my child's mentor, Bounce Back, or any of its agents or employees, recourse for the payment of any  
resulting hospital, medical or related costs and expenses will first be had against any accident,  
hospital or medical insurance, or any available plan of mine that covers my child.

\_\_\_\_\_  
(Parent or Guardian)

\_\_\_\_\_  
(Relationship to Child)

\_\_\_\_\_  
(Phone) Home (Phone) Work

\_\_\_\_\_  
(Date Effective)



# BOUNCE BACK YOUTH LEADERSHIP FOUNDATION MENTORING PROGRAM

## Consent to Share Educational Information

I, the under-signed, consent to allow the teachers, counselor, and administrators involved in my child's education, (child's name) \_\_\_\_\_, to share information as needed with my child's mentor, (name) \_\_\_\_\_. I request that copies of all progress reports, report cards, attendance records and referrals be made available to the mentor and/or Bounce Back Youth Leadership Foundation in order to assist in my child's academic progress. I understand that the information regarding my son/daughter is confidential and will be used only to assist him/her in becoming a successful student in school, home, and society. I understand that Bounce Back manages the case files of my son/daughter and will be aware of any contact made between my child's assigned mentor and the school.

Name \_\_\_\_\_

Relationship to child/youth \_\_\_\_\_

Date \_\_\_\_\_



# BOUNCE BACK YOUTH LEADERSHIP FOUNDATION MENTORING PROGRAM

## Emergency Medical Treatment Authorization

I the undersigned parent/guardian of \_\_\_\_\_ (mentee)

hereby grant authority and permission to \_\_\_\_\_ (volunteer)  
to give permission to a medical care provider so that they can provide medical care and treatment for  
my child in the event of an emergency where I cannot be reached.

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

\_\_\_\_\_  
Date

### Medical Information

Name of Insurance Provider \_\_\_\_\_

ID Number \_\_\_\_\_

Name of person insured \_\_\_\_\_

Special Medical problems/medications/ needs/physical limitations:

Does your child have any known allergies to medications? If so, what medications?

Emergency Contact Person

Parent/Guardian \_\_\_\_\_  
Name Address Phone

If I cannot be reached, please call \_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address Phone



# BOUNCE BACK YOUTH LEADERSHIP FOUNDATION MENTORING PROGRAM

## Media Release - Mentee

I \_\_\_\_\_, the parent/guardian, of \_\_\_\_\_, the mentee, hereby give permission for Bounce Back to use, now and in the future, photographs, video or the likeness of my child, obtained through Bounce Back related events or activities or meetings.

I understand that my child may be recognizable by description and/or name, in addition to the date of match and the mentor paired with my child.

I understand that the likeness, name and match information about my child will be used for Bounce Back promotional purposes. If an interview is conducted with my child for promotional purposes, I understand that the parent/guardian is notified and present at the time of the interview.

In giving this consent, I release Bounce Back Youth Leadership and its administrative agency from any obligation or liability otherwise owed to me in connection with the above referenced identifying information.

This consent will expire upon my giving written notification to the mentors of Bounce Back.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date