



Mount Ararat Community Activity Center

Middle School Mentoring Program

Mentee Profile

Keeping Families and Participants information secure is a top priority for all of us at Mt. Ararat Community Activity Center. It is our responsibility to protect the personal information we collect about our Families and Participants. Violating this policy may result in immediate termination of employment or services.

Date	First and Last Name	Birthday	Gender	Race	Disabled
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School Info	
School Name	
Current School Year	Current Grade
Are you enrolled in this grade as scheduled? <input type="checkbox"/> Promoted from previous grade <input type="checkbox"/> Repeating this grade	

Additional Info	
Referral Source <i>(select one only)</i> <input type="checkbox"/> Court Involved <input type="checkbox"/> Teacher <input type="checkbox"/> Parent / Guardian <input type="checkbox"/> Social Worker <input type="checkbox"/> Self Referral <input type="checkbox"/> Other, who?	
Has this child been involved in a prior mentoring program? <input type="checkbox"/> No <input type="checkbox"/> Yes Where _____	

Parent Info		
Parent / Guardian's First and Last Name		
Address • Apt # • City • State • Zip Code		
Home #	Work #	Cell #
Reduced school meal plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Family Structure <input type="checkbox"/> Foster Care <input type="checkbox"/> Group Home <input type="checkbox"/> Guardian <input type="checkbox"/> Kinship Care <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Two Parent		Household Head Education <input type="checkbox"/> Non Grad <input type="checkbox"/> High School Grad / GED <input type="checkbox"/> Some Post-Secondary <input type="checkbox"/> 2 or 4 year College Grad <input type="checkbox"/> Advanced Degree

Emergency Contact Info <i>(if this is a two parent household please put the spouse's info here)</i>				
First and Last Name	Relationship	Home #	Work #	Cell #
First and Last Name	Relationship	Home #	Work #	Cell #

Mentee's Goals <i>(check all that apply)</i>
<input type="checkbox"/> Considering Attending College <input type="checkbox"/> Education / Academic Support <input type="checkbox"/> Improve Behavior <input type="checkbox"/> Increase Self-Esteem <input type="checkbox"/> Increase Spiritual Values <input type="checkbox"/> Other _____
Mentee's Challenges <i>(check all that apply)</i>
<input type="checkbox"/> Anger Management <input type="checkbox"/> Behavior <input type="checkbox"/> School Attendance <input type="checkbox"/> School Grades <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Other _____

Mentee's Hobbies / Interests <i>(check all that apply)</i>		Playing	Watching
<input type="checkbox"/> Arts / Crafts	<input type="checkbox"/> Baseball	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Biking	<input type="checkbox"/> Basketball	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Computer / Video Games	<input type="checkbox"/> Football	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cooking	<input type="checkbox"/> Golf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Listening To Music	<input type="checkbox"/> Hockey	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Movies / Watching TV	<input type="checkbox"/> Soccer	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reading	<input type="checkbox"/> Softball	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rollerblading	<input type="checkbox"/> Tennis	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>
What school activity(s) do you participate in? None _____			
What school activity(s) would you like to participate in but is not unable to, for the reason(s) why? None _____			