*“Real, Raw, Relatable!”*

 Mentoring & Counseling program application

 

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

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (under 18 years old)

Parent or guardian’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Are you in a safe environment?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you feel you are a danger to yourself or others?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you seeking counseling services? Y or N

Are you seeking mentoring services? Y or N

**Fill out the form below if you are seeking mentoring services:**

Referral Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referral Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This child is being referred for assistance in the following areas: (put an X on any areas)

Academic Issues

Behavioral Issues

Delinquency

Vocational Training

Self-Esteem

Study Habits

Social Skills

Peer Relationships

Family Issues

Special Needs

Attitude

Other, specify:

On a scale of 1-10 (with 10 being the highest) rate your level of interests:

Academic performance \_\_\_\_\_

Social skills \_\_\_\_\_

Self-esteem \_\_\_\_\_

Family support \_\_\_\_\_

Communication skills \_\_\_\_\_

Attitude about school/education \_\_\_\_\_\_

Peer relations \_\_\_\_\_\_

**Fill out the form below if you are seeking counseling services:**

How many sessions are you looking to enroll in on a weekly basis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(We will try and do our best to accommodate your requests, but it will be determined based on the mutual decision between you and the counselor)*

What is the primary reason for seeking counseling?:

What do you hope to gain from counseling sessions?

Have you ever worked with a counselor before? Y or N

(If you circled Y for Yes, what happened to the sessions)

Are you currently working with a counselor: Y or N

Do you agree to all terms and conditions?: Y or N

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_