

The Mentoring Partnership of Southwestern PA Mentee Application



Name of person making referral: _____

Relationship to mentee ___ Parent/Guardian ___ Caregiver ___ Caseworker ___ Other _____

Telephone: _____ Preferred contact #: _____

Email address _____

Parent/Guardian's Name (if not person making referral): _____

Address: _____

Telephone: _____ Preferred contact #: _____

Email address _____

Mentee Information:

Mentees Name: _____

Gender Identity (Optional): _____ Age: ___ Race (Optional): _____ Grade: _____

School District/School Name _____

Search for programs _____ 5 miles _____ 10 miles _____ 15 miles _____ 25 miles from zip code _____

Purpose for Mentoring Request (please check all that apply)

___ Academic Improvement ___ Career Development ___ Recreational/Sports ___ Role Model ___ Social Development

Program Specifics (please check all that apply)

<input type="checkbox"/> Academically At-Risk <input type="checkbox"/> Adjudicated/court involved <input type="checkbox"/> Foster, Residential or Kinship Care <input type="checkbox"/> Gang At-Risk <input type="checkbox"/> Gang Involved <input type="checkbox"/> General Youth Population	<input type="checkbox"/> Gifted/Talented/Academic Achiever <input type="checkbox"/> Homeless/Runaway <input type="checkbox"/> Incarcerated Parent <input type="checkbox"/> LGBTQ Youth <input type="checkbox"/> Low Income <input type="checkbox"/> Mental Health Issues	<input type="checkbox"/> Parent Involved in Military <input type="checkbox"/> Physical Disabilities/Special Care Needs <input type="checkbox"/> Pregnant/Parenting <input type="checkbox"/> School Drop-Out <input type="checkbox"/> Single-Parent Household	<input type="checkbox"/> Special Education <input type="checkbox"/> Youth with Disabilities <input type="checkbox"/> Other _____ _____ _____
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___ Student is willing to participate in a program that is faith based

___ Student has access to transportation to/from a mentoring program

___ Student has specific challenges. Please explain _____

Please indicate the reason(s) why you feel that the student needs or could benefit from a mentoring relationship or add any additional information that would be helpful in matching the student with a mentor or mentoring program:

If you have any questions, please do not hesitate to contact us.

**Please return to: The Mentoring Partnership of Southwestern PA
One Valley Roundhouse • 4165 Blair Street, Suite 223 • Pittsburgh, PA 15207**

phone: 412.281.2535 fax: 412.281.6683 Email: applications@mentoringpittsburgh.org

web: www.mentoringpittsburgh.org