

A decorative graphic at the top left of the page, consisting of a blue arrow pointing right, with a green arrow pointing right inside it, creating a layered effect.

Dear Family,

Thank you for your interest in applying to be a part of the Mentor Superior program. Please complete this application and return it to our office. You can return it by:

- Electronically filling out the application and emailing the completed version to [info@mentornorth.org](mailto:info@mentornorth.org)
- Printing the application and mailing the completed document to this address:  
Mentor North  
206 W 4th St, Suite 202  
Duluth, MN 55806

Should you have any questions or need additional assistance with completing the application, please contact a member of the Mentor North team at 218-722-3600.

**Once we receive your application, we will be in contact with you for next steps regarding enrollment.** The next step will be us scheduling an in person intake to interview the parent/ guardian about what they hope to have out of a mentoring relationship, and the youth themselves to know their interest and personality to make the best match.

Mentoring is a deeply rewarding and powerful experience. We are excited to see your application and connect!

Sincerely,

Mentor North  
P: 218-722-3600 (general line)

### Enrollment Application

Please list each youth you are enrolling in the Mentor Duluth or Mentor Superior program.

Eligible children are ages 5-17.

Today's Date: \_\_\_\_\_

**Name:** \_\_\_\_\_

Pronouns: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Race (select all that apply):

- African American/Black     Caucasian/White     Native American/Alaskan Native  
 Pacific Islander     Hispanic Ethnicity     \_\_\_\_\_

**Name:** \_\_\_\_\_

Pronouns: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Race (select all that apply):

- African American/Black     Caucasian/White     Native American/Alaskan Native  
 Pacific Islander     Hispanic Ethnicity     \_\_\_\_\_

**Name:** \_\_\_\_\_

Pronouns: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Race (select all that apply):

- African American/Black     Caucasian/White     Native American/Alaskan Native  
 Pacific Islander     Hispanic Ethnicity     \_\_\_\_\_

**Individual Completing Application:**

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

Pronouns: \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What is the best way and time to reach you (text, phone call, email)? \_\_\_\_\_

How did you hear about our program?

\_\_\_\_\_  
\_\_\_\_\_

**Please list additional individuals living in the home:** As we work with you and your family, it is helpful for us to know who is living in the household.

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

Relationship to youth: \_\_\_\_\_

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

Relationship to youth: \_\_\_\_\_

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

Relationship to youth: \_\_\_\_\_

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

Relationship to youth: \_\_\_\_\_

OPTIONAL: Families have additional parents, guardians, partners, or significant others who live outside the home. Is there information you wish to share about family dynamics of individuals who do not live in the home?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Contacts:** Please list the names and phone numbers of people who we may use as back-up contacts in case of an emergency or in case we are not able to reach you regarding the youth's participation in the program:

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

Relationship to youth: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Relationship to youth: \_\_\_\_\_

Phone: \_\_\_\_\_

**Income:** For the past year, what was the total family income (before taxes) for all members of your household? Please check the appropriate income across from the family size below. This information is used for statistical records and grant reporting only.

	I	II	III	IV
2 members	\$17,150 or less	\$17,151-\$28,600	\$28,601-\$45,700	\$45,701 or more
3 members	\$20,780 or less	\$20,781-\$32,150	\$32,151-\$51,400	\$51,401 or more
4 members	\$25,100 or less	\$25,101-\$35,700	\$35,701-\$57,100	\$57,101 or more
5 members	\$29,420 or less	\$29,421-\$38,600	\$38,601-\$61,700	\$61,701 or more
6 members	\$33,740 or less	\$33,741-\$41,450	\$41,451-\$66,250	\$66,251 or more
7 members	\$38,060 or less	\$38,061-\$44,300	\$44,301-\$70,850	\$70,851 or more
8 members	\$42,380 or less	\$42,381-\$47,150	\$47,151-\$75,400	\$75,401 or more

**Signature:** By signing below, I certify that the above information is accurate and complete.

\_\_\_\_\_

Name

\_\_\_\_\_

Date

### Parent/Guardian Preference Form

Please record your preferences in the following areas and return with your application. We will use this information to go over in the intake meeting and find the best fitting mentor possible for your youth.

Mentor North believes in the dignity of all people. We celebrate youth and families' individual stories and welcome mentors from a variety of identities and backgrounds. Our goal is to create a vibrant and inclusive mentorship community.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Youth being enrolled: \_\_\_\_\_

How would having a mentor benefit this youth?

\_\_\_\_\_

What qualities or personality traits are you looking for in a mentor for this youth?

\_\_\_\_\_

What do you envision for your youth's mentor to be like? Please feel free to be open about preferences with age, race, gender, personality, interests, etc.

\_\_\_\_\_

What would you have a hard time responding to/working with in a mentor (personality traits, values, etc.)?

\_\_\_\_\_

Are you open to the youth being matched: (please check all that apply)

with a couple? Yes \_\_\_\_\_ No \_\_\_\_\_

with a family (other youth may also be involved)? Yes \_\_\_\_\_ No \_\_\_\_\_

with a mentor of a different gender as your youth? Yes \_\_\_\_\_ No \_\_\_\_\_

At times we have mentors who have overcome obstacles in their past (i.e., chemical dependency, legal involvement, etc.). During our screening process we address these issues carefully to verify that each volunteer is in a healthy place for mentoring. If, however, there is a situation that would make you uncomfortable, please describe:

\_\_\_\_\_

\_\_\_\_\_

Are there any topics that you would not want the mentor to discuss with the youth?

\_\_\_\_\_

\_\_\_\_\_

**Other considerations for a match:**

What times and days is your youth most available to meet with a mentor?

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Is your family or youth involved with any other agencies or programs in the community? (i.e., girl power, scouts, sports, recreation, church groups, etc).

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Does your youth have any dietary restrictions or food sensitivities?

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Does your youth have any fears? (Animals, heights, bad weather, water, large groups, etc.)

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What is your youth's swimming ability level? \_\_\_\_\_

How is your youth doing in school? Would you want a mentor to support your youth academically in any way?

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Do you foresee any challenges between your youth and the mentor regarding behavior, discipline, etc.?

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Some of our volunteers have severe allergies or sensitivity to smoke. Is your youth's home a smoking home?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any questions you have for us about the program. (We will do our best to talk through these at the family intake meeting.)

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Our program does not discriminate based on LGBTQ identity and gender expression, and we welcome mentors and youth of a variety of identities and backgrounds. If you wish to discuss this further with staff in person, or if you have questions, please check this box: \_\_\_\_\_

## Family Cultural Form

Please share with us any information about your family's culture and values that you believe is important in making a good mentoring match for the youth you are enrolling. **Only answer questions you choose to answer.** Your responses on this form will not affect your child's ability to be matched with a mentor in our program.

Mentor North believes in the dignity of all people. We celebrate youth and families' individual stories and welcome mentors from a variety of identities and backgrounds. Our goal is to create a vibrant and inclusive mentorship community.

How do you define family? What does your family structure look like? Who are the important people involved in caring for and supporting the youth you are enrolling?

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What kinds of expectations do you have for your youth? How do you teach them?

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What kind of people do you feel most comfortable around? What kind of people make you feel uncomfortable?

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What holidays does your family celebrate?

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Does food play an important role in your family's culture? If so, what kinds of foods does your family prefer?

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How do you communicate best (consider language preferred, oral or written, etc)?

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What communities does your family belong to or identify with (consider race, ethnicity, religion, gender, sexual orientation, neighborhood, political affiliations, etc.)?

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Describe any of your family's values related to time, money, education, discipline, or other topics that you feel would be important for us to know.

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How can Mentor Duluth/Mentor Superior best support and respect your family's culture and values?

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## Mentor Duluth/Mentor Superior Consent Form

### Activity Consent

I hereby give my permission and approval for the youth named below to participate in all programs and activities sponsored by or related to the Mentor Duluth/Mentor Superior program (organization Mentor North). I assume all risks and hazards incidental to such participation (including transportation) and release Mentor North, including all staff members, event sponsors, mentors, participants and volunteers, from any claims arising from an injury to my child(ren).

Youth Name: \_\_\_\_\_

Youth Name: \_\_\_\_\_

Youth Name: \_\_\_\_\_

Youth Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Medical Treatment Authorization

As a parent or legal guardian I do hereby grant authority and permission to the Mentor Duluth/Mentor Superior program (including my child(ren)'s mentor) to seek and permit medical care and treatment for the children listed above in emergency situations where the medical care provider is unable to contact either me or the emergency contact person. The permission granted herein does not pertain in any way to reproductive health notices statutes.

Medical Insurance Carrier & Policy #: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Conditions:

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Medication Needs:

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Allergies:

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Physical Limitations:

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Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Photo Consent**

Occasionally, Mentor Duluth/Mentor Superior use photos and stories of our program participants to promote programs, recruit mentors and share our story. Photos may be shared on our social media platforms. Please indicate below if you are comfortable with your child's inclusion with this promotion.

\_\_\_\_\_ **YES**, I agree to use (without compensation) of the named child(ren) photograph, videotape, or other likeness for promotional purposes.

\_\_\_\_\_ **NO**, Mentor Duluth/Mentor Superior may not use the named child(ren)'s photograph, videotape, or other likeness for promotional purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Evaluation Consent**

Mentor Duluth/Mentor Superior's program evaluation collects information about youth and their mentors in order to understand the impact of the mentoring relationship. Each year a youth is matched with a mentor, we interview the youth, mentor, and parent to find out how the match is going and the impact of the match relationship. The information gathered through our program evaluation helps us improve our program and share our story with our funders to increase program sustainability. Results will be reported describing a group of children, not one specific child, and no names or identifying information will be shared with anyone outside of our program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_