



YOUTH APPLICATION

SECTION I: YOUTH INFORMATION

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

LAST NAME FIRST NAME FULL MIDDLE NAME SUFFIX

STREET ADDRESS

CITY STATE ZIP CODE

DAYTIME PHONE EVENING PHONE MOBILE PHONE

PRIMARY E-MAIL ADDRESS ALTERNATE E-MAIL ADDRESS

Date of Birth: \_\_\_\_\_ Gender:  Female  Male

Race/Ethnicity (Check one):

- American Indian/Alaska Native  Hispanic or Latino (of any race)  Other/Multiracial  
 Asian  Native Hawaiian/Pacific Islander  
 Black/African American  White/Caucasian

Were you referred to the GoodGuides program?  Yes  No

If yes, who referred you? (Check all that apply)

- Faith-Based Organization  School/Education Agency  
 Juvenile Justice Agency  Social Service Agency  
 Nonprofit Service Organization  Other: \_\_\_\_\_  
 Parent

SECTION II: PARENT/GUARDIAN INFORMATION

STREET ADDRESS SAME AS YOUTH

LAST NAME FIRST NAME FULL MIDDLE NAME SUFFIX

STREET ADDRESS

CITY STATE ZIP CODE

DAYTIME PHONE EVENING PHONE MOBILE PHONE

E-MAIL ADDRESS

**The person listed above is: (Check one)**

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Mother      | <input type="checkbox"/> Uncle          | <input type="checkbox"/> Sister                  |
| <input type="checkbox"/> Father      | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Brother                 |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Foster Mother  | <input type="checkbox"/> Other (Please Specify): |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Foster Father  | _____  |
| <input type="checkbox"/> Aunt        |   |  |

Is this also your emergency contact?  Yes  No

**SECTION III: ALTERNATE/EMERGENCY CONTACT INFORMATION**

Please list an emergency contact other than the person above.

LAST NAME FIRST NAME FULL MIDDLE NAME SUFFIX

STREET ADDRESS

CITY STATE ZIP CODE

DAYTIME PHONE EVENING PHONE CELL PHONE

PRIMARY E-MAIL ADDRESS

**The person listed above is: (Check one)**

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Mother      | <input type="checkbox"/> Uncle          | <input type="checkbox"/> Sister                  |
| <input type="checkbox"/> Father      | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Brother                 |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Foster Mother  | <input type="checkbox"/> Other (Please Specify): |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Foster Father  | _____  |
| <input type="checkbox"/> Aunt        |   |  |

**SECTION IV: SCHOOL INFORMATION**

Are you currently enrolled in school?  Yes  No

If yes, which grade are you currently in? (Check one)

- 6  7  8  9  10  11  12  GED/Adult Education

Your current Grade Point Average is:

- A  B  C  D  Below D

What is your current school name: \_\_\_\_\_

If not in enrolled in school, why not? (Check all that apply)

- |                                      |                         |                            |
|--------------------------------------|-------------------------|----------------------------|
| <input type="checkbox"/> Dropped out | Dropout Date: _____     | Last Grade Attended: _____ |
| <input type="checkbox"/> Suspended   | Suspension Date: _____  |                            |
| <input type="checkbox"/> Terminated  | Termination Date: _____ |                            |
| <input type="checkbox"/> Other:      | _____                   |                            |

**SECTION VI: RISK FACTORS**

*This section is to be completed by the GoodGuides Program Manager or Master Mentor.*

Has youth had any contact with the justice system?  Yes  No

Is youth considered (Check one):  At-Risk Population (no prior offense)  
 First-Time Offender  
 Repeat Offender

If youth is a first-time or repeat offender, please check all that apply:  Sex Offender  
 Status Offender  
 Violent Offender

What is the date of the most recent sex, status or violent offense? Date: \_\_\_\_\_

What is the offense name? (i.e. Robbery, Assault, etc.) \_\_\_\_\_

What is the offense type?  Felony  Misdemeanor

Is the youth presently on probation?  Yes  No

Probation Officer Name \_\_\_\_\_ Probation Officer Telephone Number \_\_\_\_\_

What is the start date of the probation period? Date: \_\_\_\_\_

Why is youth on probation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why is the youth considered at risk of delinquency? (Check all that apply.)**

- Attendance
- Blindness
- Deafness
- Detention
- Developmental Disability
- Family Violence
- Gang Membership
- Grades/School Performance
- Homelessness (At risk for being Homeless)
- Low-Income/Single Family Household
- Incarcerated Parent
- Learning Disability
- Mental Health (Psychiatric and/or Emotional Disability)
- Neurological Disability
- Other Disabling Condition: (Please Specify) \_\_\_\_\_
- Other Physical Disability
- Parenting
- Pregnant
- Suspension
- Truant/Dropout (Please Specify)  
Dropout Date: \_\_\_\_\_
- Violence
- Substance Abuse by Parent/Guardian
  - Drugs  Alcohol
- Substance Abuse by Youth
  - Drugs  Alcohol
- None of the Above

**If not enrolled in school, when was the last time you were enrolled school? (Check one)**

- Within past month  
 Within past three months  
 Within past six months  
 Within past year  
 More than one year ago

**Do you plan to graduate from high school?**

- Yes  No

**Have you thought about plans after school?**

- Yes  No

**If yes, what are your plans after school? (Check all that apply.)**

- Community College  
 Four-year College or University  
 Marriage and/or Start a Family  
 Move to a New City or State  
 Military  
 Stay at Home  
 Trade School  
 Travel  
 Work  
 Other (Please Specify): \_\_\_\_\_

**What do you hope to gain from participating in the GoodGuides youth mentoring program?**

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**SECTION V: PARENT/GUARDIAN CONSENT AND SIGNATURE**

I certify to the best of my knowledge that the information provided on this Youth Application is true and accurate. I also give my informed consent and permission for my child to participate in the GoodGuides Youth Mentoring Program and its related activities.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Name (Please Print)

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date