



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### ***Youth Applicant Information***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth-date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Ethnic Background: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Religion: \_\_\_\_\_

### ***Family Information***

Sibling Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

### ***Guardian Information***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth-date: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### ***Emergency Contact(s)***

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_



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## **Y Pals Policy for Matching a Young Person with a Mentor**

Y Pals is a social service program designed to help youth who have shown a need for a strong relationship with an interested adult. While the program is an interfaith and interracial one, the desires of the youth and their parent or guardian are respected in the selection of the appropriate adult for that child.

An interview will be held with each child who wishes to have a Y Pal mentor. Information gathered will be used in considering a match between a young person and a mentor.

The undersigned parent or guardian is not obligated to accept the potential mentor.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_