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# TRUE DIRECTION

## 2018 Mentee Application



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Thank you for your interest in becoming a Mentee through True Direction Mentoring Program. The information on your application will help us to match you with an adult and will be kept confidential.

### Application Checklist:

- Complete Application (this document)
- Print, sign and return AGREEMENT & AUTHORIZATION forms below
- Complete Interview with Director
- Complete a release for photos to be used as a part of marketing purposes
- Attend Mentee Training / information session

### Return Application:

**Email:** [Vanessa.bayger@co.sargent.nd.us](mailto:Vanessa.bayger@co.sargent.nd.us)

**Drop Off:** Sargent County Sheriff's Department  
355 Main St. S Suite 6  
Forman, ND 58032

**Mail:** True Direction

P.O. Box 112  
Forman, ND 58032

**Questions?** Call 701.680.8168

Your background check must be completed and returned for your application to be processed.

**THANK YOU FOR APPLYING TO BE A TRUE DIRECTION MENTEE!!**

## **MENTEES'S PERSONAL INFORMATION**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home/Work Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## **FAMILY INFORMATION**

Mother:

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Work: \_\_\_\_\_ Phone: \_\_\_\_\_

Father:

Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Work: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/ Ages of Siblings: \_\_\_\_\_

Guardian:

Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Guardian's Address: \_\_\_\_\_

Guardian's Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian's Work: \_\_\_\_\_ Phone: \_\_\_\_\_

With whom does the child live: \_\_\_\_\_

In case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list school: \_\_\_\_\_ Grade: \_\_\_\_\_

## **MENTORING**

How did you hear about our program? \_\_\_\_\_

Have you ever been a mentee with another program before? If yes, which one? \_\_\_\_\_

Why have you decided to sign up as a mentee at this time? \_\_\_\_\_

What times work best to schedule to meet with mentor? \_\_\_\_\_

What preferences do you have regarding who you are matched with? (Interests, needs, skills, etc. ) \_\_\_\_\_

Personal Interests: Please circle things that interest you

Fishing	Ice Skating	Reading
Hunting	Sledding	Swimming
Agriculture	Skiing	Gym
Engineering	Ice Fishing	4-wheeling
Math	Camping	Sewing
Science	Hiking	Sports
History	Cooking	Music
Art	Biking	Animals

What area do you the mentee need the most help with? Please Circle One

Problem solving	Emotional Support	Self Esteem
Caring about others	Learning New Skills	Academic Support

Sharing Feelings

Friendship

Following Rules

Other

Does the mentee have any known allergies? \_\_\_\_\_

Is the mentee on any medications? \_\_\_\_\_

Does your child have any special physical assistance needs: (transportations, diet, adaptive equipment)? \_\_\_\_\_

\_\_\_\_\_

Describe mentee's ability to socialize: \_\_\_\_\_

\_\_\_\_\_

Does the family have any preferences regarding a mentor?

Male \_\_\_\_\_ Female \_\_\_\_\_ No Preference \_\_\_\_\_

Does the mentee want a mentor? Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

Describe any problems that the child has at home with caregiver and/or family: \_\_\_\_\_

\_\_\_\_\_

Does the child have any unusual behaviors, thoughts or special emotional needs:  
(Anxiety/worries, anger, aggression, doesn't play well with others, baby talk, shy, fears, dislikes  
etc): \_\_\_\_\_

\_\_\_\_\_

Does this child have an incarcerated parent? Yes \_\_\_\_\_ No \_\_\_\_\_