



Vacaville PAL Mentoring

Youth Application National PAL Mentoring Program

Please answer the following questions as completely as possible. This information will help us to match you with the right mentor. (Please print or type)

Today's Date: _____

Name: _____ Date of Birth: _____ Male ___ Female ___

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Parents Name: _____

If you are not living with a parent, legal guardian name: _____

How many brothers and/or sisters do you have? _____ Their ages: _____

Favorite kind of music: _____ Favorite television show: _____

Favorite sport: _____ Favorite Book: _____

Favorite subject in school: _____ Least favorite subject in school: _____

Are you a member of Vacaville PAL? ___ Yes ___ No

Do you have after-school responsibilities? ___ Yes ___ No

If yes, what are they? _____

Describe your special interests and hobbies (e.g. sports, arts & crafts, computers, music, reading, cooking, games, career interests, foreign languages, ect.)

What clubs or groups do you belong to? _____

What do you like to do most with your free time? _____

Is there anything that you would like to share with your mentor? _____

Why are you interested in participating in this program? _____

What do you hope to get out of your mentoring relationship? _____

I agree to meet with my mentor only at the time and locations arranged between us and the Vacaville PAL Mentor Coordinator. I also agree to notify my mentor or the Mentor Coordinator if I am unable to make it to a weekly meeting.

Signature of Youth

Printed Name

Date

Please see reverse for Parent/Guardian Consent



Vacaville PAL Mentoring

Parent/Guardian Consent Form

National PAL Mentoring Program

I, the parent or legal guardian for _____, hereby give my permission for my child to participate in the National PAL Mentoring Program.

I fully understand that the program involves mentors, who shall be selected from the community, and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will spend a minimum of one hour a week with my child on-site at Vacaville PAL activities or locations. The mentor is not allowed to take or meet my child outside of designated PAL activities.

I understand that my child will participate in an orientation session in which the program will be explained. The program will last one year and continuation will then be discussed.

I understand that during the course of the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of Vacaville PAL will provide ongoing monitoring of the mentoring activities.

I give the Vacaville PAL Mentoring Coordinator permission to obtain my child's academic and attendance records from my child's school.

I permit the National PAL Program Mentoring Program and Vacaville PAL to utilize photographs of my child taken during his/her involvement in the mentoring program and waive all rights of compensation.

Signature of Parent/Legal Guardian

Printed Name

Date

Please sign and return forms to:

Mail:

Vacaville PAL
1000 Ulatis Dr.
Vacaville, CA 95687

E-Mail:

vacavillepal@cityofvacaville.com

Fax:

(707) 469-4012