



## Mentee Application Form

This page is to be completed by the youth who would like to participate in one or more of the Urban Therapeutic Solutions Mentoring Programs.

**Youth Name:**

**Birthdate:**

**Application Date:**

### What activities do you like to do in your free time?

- |              |                        |
|--------------|------------------------|
| Play Sports  | Which ones?            |
| TV           | What programs?         |
| Movies       | What kind of movies?   |
| Music        | Which artists/genres?  |
| Social Media | Which platforms?       |
| Video Games  | What type/which games? |
| Read         | What type of books?    |
| Paint        | What kind of art?      |
| Shop         | For what?              |
| Travel       | Where?                 |
| Cook         | What Type of Foods?    |
| Write        | What subjects?         |

### What school subjects interest you?

- |         |                 |
|---------|-----------------|
| History | Art             |
| Math    | Reading/Writing |
| Science | Computers       |
| STEM    | Other           |

### Why do you want a mentor?

### Which Urban Therapeutic Solutions Mentoring Program would you like to join?

E-Mentoring

Individual Mentoring

Group Mentoring



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### Participant and Parent/Guardian Assent/Consent

Urban Therapeutic Solutions provides mentoring programs designed to provide new experiences, encourage positive choices, and promote improved self-esteem. If you agree to participate in one of our programs, you will be participating in craft activities and discussions that deal with why it is important to feel good about yourself, things that cause you to feel good and not so good about yourself, and your future goals. Discussions will also focus on our nation's current events and their impact on youth self-esteem. You or your parent/guardian can ask questions about this program at any time. You have the right to stop participating at any time. Mentoring programs meet once a week for 6-8 weeks. E-mentoring programs will be presented virtually (online using Zoom, Google Hangouts, or similar programs).

Your signature(s) mean that you have read this and that you want to participate in the program. You can change your mind at any time.

Youth Signature:

Date:

Youth Printed Name:

Parent/Guardian Signature:

Date:

Parent/Guardian Printed Name:

For office use only:

Assigned Mentor/Group: \_\_\_\_\_ Date: \_\_\_\_\_

Directions for saving and submitting your completed application:

If you are using the free version of Adobe Acrobat Reader, you cannot make changes to an existing PDF document. In order to save the completed form, click on "File" and select "Save As" from the dropdown menu. Save the completed application using a new filename. We suggest saving the completed application as "Mentee Application (first initial last name)" - this will make it easy for us to locate and process each application.

Email your completed application to [info@urbantherapeuticsolutions.org](mailto:info@urbantherapeuticsolutions.org)