

G.A.P.

Youth Application

G.A.P. Inside-Out Mentoring

Please answer the following questions as completely as possible. This information will help match you with the right mentor.

Return to G.A.P. Mentoring Director ~ Randal or Unit Probation Staff

Today's Date: _____ Xref # _____ Unit # _____

Name: _____ Date of birth: _____ __Male __Female

Race: AA/Black Latino/Hispanic White Native A. Asian Indian South/Central American Other _____

Address _____ Apt # _____ City _____ Zip _____

Your Telephone () _____ Parent(s) _____ Ph. _____

Legal guardian? _____ Ph. _____

What's your relationship with parents/caregiver: _____

How many siblings do you have? _____ Their names and ages: _____

Any in jail? _____ Anyone killed? _____

Attorney _____ Ph. _____ **PO** _____ Ph _____

My favorite music _____ Artist _____ My favorite TV show is _____

My favorite sport is _____ My favorite book or magazine is _____

School (s) attended: _____

Current grade: _____ Credits left to graduate: _____

My best subject in school is _____ Worst subject in school? _____

Do you have any after-school responsibilities? Yes__ No__ What? _____

Describe your interests or hobbies (e.g. sports, art, music, cars, computers, reading, games, outdoors, etc.)

What do you do after school or free time? _____

What clubs/church or groups do you belong to? _____

Anything that you would like Mentor to know before meeting you? _____

What would you like to do with your mentor? _____

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

I'll call G.A.P. when released so I can get matched to a mentor! I agree to meet with my G.A.P. mentor only at time and locations arranged between us. I also agree to notify my mentor or the staff if I am unable to make a set meeting. Public events and activities may occur in which you might be photographed, video-taped, filmed, or recorded. I authorize these to be used by G.A.P., or authorized third parties.

Signature of Youth _____ Date _____

Called in: _____ Mentor: _____ Date: _____

Do you HAVE a CHILD: Y or N (circle one) AGE: _____ IN YOUR CARE/CUSTODY: Y or N (circle one)

Pregnant? Yes or No How many months? _____ Abortion planned? Yes or No

If not in your care, who is the child with? _____

WHO CAN YOU CALL WHEN ALL ELSE FAILS? (Example~ Trusted friend or girl/boy-friend)

NAME: _____ RELATIONSHIP: _____ TELEPHONE: () _____

MEDICAL INFO: _____

(*Example-* Asthma+ inhaler; meds of any kind)

PERSONAL GOALS: _____

DO NOT FILL IN BELOW

Mentor Notes: _____

Director Notes: _____

