



The CADY Mentoring Program

Clatsop County Juvenile Department

800 Exchange St, 2nd floor
PO Box 302
Astoria, OR 97103
(503) 325-8601
(503) 338-3648 fax

Program Coordinator &

Case Manager

Laura Parker
lparker@co.clatsop.or.us

Dear Parent/Guardian,

Your child has been referred to participate in the Caring Adults Developing Youth Mentoring Program. The CADY Program matches a community volunteer with a youth to serve as a one-on-one mentor. The mentor role is that of a friend, coach, and guide. A mentor meets with the youth once a week for a year and takes a personal interest in his/ her growth and development.

We hope that you will grant permission for your child to participate in the program. CADY will offer support and guidance for both the youth and mentor. As a staff we will do our best to ensure the success of the relationship.

Please read the Program Brochure and fill out the Written Application, Contact and Information Release, and Mentee Interest Survey. We encourage you to have youth help complete the application materials. If you have any questions, please feel free to contact me.

I look forward to hearing from you.

Sincerely,

Laura Parker
Program Coordinator
CADY Mentoring Program
(503) 325-8601

CARING ADULTS DEVELOPING YOUTH MENTORING PROGRAM

Take the Time, Be the Difference!

Mentee Application

(To Be Completed by the Parent/Guardian)

Personal Information

Youth's Name: _____

Date: _____

Parent/Guardian Name: _____

Relationship to Youth: Mother ____ Father ____ other, specify: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Youth Social Sec. #: _____

Date of Birth ____/____/____ Age: _____ Gender: Male ____ Female ____

Ethnicity: White: ____ Hispanic: ____ African American: ____ Asian: ____ Other: ____

Name of School: _____ Grade: _____

Emergency Contact Name: _____ Phone Number: _____

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

- 1) Why do you/your child want to participate in a mentoring program?

- 2) Briefly describe your expectations for the Caring Adults Developing Youth Mentoring Program:

- 3) Is your child available to meet with a mentor eight hours per month and have contact at least once a week for a minimum of one year? Please explain any particular scheduling issues.

- 4) Is your child willing to attend an initial mentee training session and two in-service training sessions per year after being matched?

- 5) Describe your child's school performance including grades, homework, attendance, behaviors, etc.:

- 6) Does your child have friends? Please describe his/her friendships?

- 7) Is your child currently having any problems either at home or school?
- 8) Has your child experienced any traumatic events (i.e. death in the family, abuse, divorce)? If yes, please provide details.
- 9) Can you provide any additional background information that may be helpful to CADY in matching your son/daughter with an appropriate mentor?

Medical History

Name of Primary Care Physician: _____ Phone No.: _____

Medical Insurance Provider: _____

Policy Number: _____ Phone No.: _____

Does your son/daughter have any physical problems or limitations?

Is your son/daughter currently receiving treatment for any medical issues?

Is he/she currently on any type of medication? Is so, please specify.

Does your son/daughter have any known allergies or adverse reactions to medications? If yes, please describe them below:

Does your son/daughter have any emotional issues or problems right now?

Is your son or daughter currently seeing a counselor or therapist?

Therapist's Name: _____

Please read this carefully before signing:

Caring Adults Developing Youth Mentoring Program appreciates you and your child's interest in his/her becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their son/daughter to participate in the Caring Adults Developing Youth Mentoring Program.

After receiving this completed application from you, we will evaluate the information and send you a letter letting you know if your child has been accepted into the mentoring program. Much of the information you supply in this application packet will be used to match your child with an appropriate mentor. Therefore, the mentoring staff may, at times, need to access and share this information with prospective mentors and other parties when it is in the best interest of the match. However, we do not reveal names until there is an initial interest from the mentee, parent/guardian, and mentor based first upon anonymous information provided about each other.

Please initial each of the following:

_____ I give my informed consent and permission for my child to participate in the Caring Adults Developing Youth Mentoring Program and its related activities.

_____ I agree to have my child follow all mentoring program guidelines and understand that any violation on my child's part may result in suspension and/or termination of the mentoring relationship.

_____ I hereby acknowledge that my child will be transported by his/her mentor and/or CADY staff or representatives while participating in the Caring Adults Developing Youth Mentoring Program, and that such transportation is voluntary and at his/her own risk.

_____ I release the Caring Adults Developing Youth Mentoring Program of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any CADY mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ (optional) I agree to allow CADY to use any photographic image of my child taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

_____ Research by NCP. School data is used to procure grant funding for CADY Mentoring.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Contact and Information Release Form
- Interest Survey Form

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature

Relationship

Date

Authorization for Release of Information

To Parent/Guardian: We can help you better if we are able to work with other agencies that know you and your family. By signing this form, you are giving permission for members of the CADY Mentoring Program to share information about your situation.

Student: _____ **DOB:** _____

I understand that my child's Oregon Juvenile Crime Prevention (JCP) Screen and JCP Interim Review will be made available to the study team. The Interim Review tracks services, school issues, peer relationships, behavior issues, family functioning, and substance abuse.

As parent or legal guardian of the above named students, I hereby authorize the exchange of information between the agencies involved in the CADY Mentoring Program. I understand the team consists of staff from:

- **Clatsop County Juvenile Department**
- **Clatsop Behavioral Healthcare**
- **Department of Human Services**
- **Management Training Corporation, Inc**
- **Astoria School District**
- **Cannon Beach School District**
- **Jewell School District**
- **Knappa School District**
- **Seaside School District**
- **Warrenton/Hammond School District**
- **Other Private School in Clatsop County**
- **Other:** _____

The information to be disclosed/exchanged is: involvement in the agencies listed, school records, legal and treatment records, diagnosis and treatment recommendations, case management records, and medical records. This release is valid for the life of the file or unless otherwise specified.

I certify that I am the parent or legal guardian of the above named child, and therefore am able to sign this release.

Signature of Parent

Date

Print Name

In accordance with the requirement of the Family Education Rights and Privacy Act of 1974, information sent or received by a Public School may not be shared with any other party without the written consent of the parents, or legal guardians, or the student (if he/she is 18 years old or older).

CARING ADULTS DEVELOPING YOUTH MENTORING PROGRAM

Take the Time, Be the Difference!

Contact and Information Release

(To Be Completed by the Parent/Guardian)

Youth's Name: _____ Date of Birth: _____

School: _____

I hereby grant permission for Caring Adults Developing Youth Mentoring Program to make contact with my child and conduct a personal interview for the purposes of applying to be a mentee. CADY may also make contact with my child on school premises for the purposes of screening and interviewing as well as ongoing support of his/her participation in the mentoring program.

I authorize CADY to obtain any needed information regarding my child from his/her school's staff, including academic, attendance and behavioral records and conversations with teachers, counselors, and other administrative staff.

Further, I understand that basic information about my child will be anonymously (without names) shared with a prospective mentor(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my and my child's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

Parent/Guardian Signature

Date

Parent/Guardian Name: _____

Address _____ City _____ State _____ Zip _____

CARING ADULTS DEVELOPING YOUTH MENTORING PROGRAM

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Mentee Interest Survey

(To Be Completed by Youth)

Please complete all the following. This survey will help Caring Adults Developing Youth Mentoring Program know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentor? Please check all that apply.

Weekdays: ____ Lunchtime: ____ After school: ____ Evenings: ____

Weekends: ____

Other: ____

Do you speak any languages other than English? If so, which languages?

What are some favorite things you like to do with other people?

What are your favorite subjects in school?

If you could learn about a job/career, what would it be?

What are your favorite subjects to read about?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday.

Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas of special interest:

CADY Mentoring Program

**Release for participation in group activities coordinated by
The CADY Mentoring Program Staff.**

Please read this carefully before signing:

I release the Caring Adults Developing Youth Mentoring Program of all liability or injury, death, or other damages to me, my child, family estate, heirs, or assigns that may result from his/her participation in the CADY Mentoring Program, including, but not limited to transportation, and hold harmless any CADY mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional. I further understand that accidents and injuries can arise out of this event; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless The CADY Mentoring Staff, any CADY Mentor, or other representatives who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Participation in group activities coordinated by The CADY Mentoring Program Staff is voluntary. I acknowledge that my child will be transported by his/her mentor and/or CADY staff or representatives while participating in the Caring Adults Developing Youth Mentoring Program, and that such transportation is voluntary and at his/her own risk.

I authorize The CADY Mentoring Program staff and/or representatives to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of an accident or illness, and I will provide for the payment of these costs.

Name of Participant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Address: _____ Telephone: _____

Caring Adults Developing Youth Mentoring Program

Creating Vision Through Mentoring

Emergency Information

Mentee Information

Name: _____ Home Phone:() _____

Address: _____

Physician's Name: _____ Phone:() _____

Health Insurance Carrier: _____ Group#: _____

Person Insurance is under: _____ ID#: _____

Please list any known allergies: _____

Please List any know health problems: _____

Please list any medications currently being taken: _____

In case of emergency, please contact: _____ Relationship: _____

Phone:() _____ Alternate phone:() _____

By signing below, I herby authorize _____ to seek medical attention for _____ should a medical emergency arise while my child is in the aforementioned adult's care. I have provided in the proper space above, information concerning medical insurance coverage for my child and authorize it's use should medical care be sought for him/her.

Parent signature: _____ Date: _____

Emergency Numbers

Program Managers

Georgia Gates (503)325-8601 office

CADY Program Coordinator

Laura Parker (503)325-8601 office

CADY Program case manager

Laura Parker (503)325-8601 office

Poison Control Center

1-800-222-1222

*Youngs Bay Detention Center

(503)861-7190

***These numbers should only be called if no other program staff can be reached. If you have an emergency, please dial 911.**

Clatsop County Sheriff's Dept.

Non-emergency line (503)325-2061

*Astoria Police Dept. (North county dispatch)

Non-emergency line (503)-325-4411

*Seaside Police Dept. (South county dispatch)

Non-emergency line (503)738-6311
