



**Group Mentoring Program**  
**Application Process**

# **Power of Dad** **Group Mentoring Program 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 |
|------|-----|-----|---------------------------|
|      |     |     |                           |
|      |     |     |                           |
|      |     |     |                           |
|      |     |     |                           |
|      |     |     |                           |

**Please fax or mail this application to  
Power of Dad P.O. Box 294 Saginaw MI 48606 Phone & Fax (989) 249-0951**

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(To Be Completed by the Parent/Guardian)

## **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 Power of Dad:
3. Is your child available to go through all 3 phases of the POD Group Mentoring Program for the time period one year? Please explain any particular scheduling issues.
4. Describe your child's school performance including grades, homework, attendance, behaviors, etc.:
5. Does your child have friends? Please describe his/her friendships.
6. Is your child currently having any problems either at home or school?
7. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.
8. Can you provide any additional background information that may be helpful to Power of Dad in matching your son/daughter with an appropriate mentor?

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