



Please return to: Mentor Program Coordinators
1575 East 17th Street Santa Ana, CA 92705
Phone: (714) 619-0200 Fax: (714) 796-2140

Mentor Program- Youth Application
(The application MUST be filled out by the youth applying to the program)

Personal Information

Your Name: Today's Date:
Birth date: Age: Ethnicity:
Gender: Male Female Citizenship: U.S. Other
Primary Language:
Placement Type: Group Home Foster Home Relative Caregiver Adoptive Parents On My Own
Dorm Transitional Housing Other:
Caregiver/Facility Name:
Address: (Street) (City) (State) (Zip)
Home Phone ( )
Other Phone ( )
Email Address:
Current Social Worker's Name: Phone #: ( )
How old were you when you were first involved in foster care?
Current Probation Officer's Name: Phone #: ( )
Current CASA Name: Phone #: ( ) How long?

Are you receiving any other OCF services or involved in any other programs?
ILP Children's Trust Fund (CTF) Rising Tide Peer Mentor Program Girls/Boys Court
Orangewood Resource Center (ORC)

Do you have any children Yes No
Name(s): Ages:

School

Are you currently in school? Yes No School Name: Grade:
Are you in any programs on campus? Special Education EOPS/ CARE Financial Aid Disabled
Services Guardian Scholars CARE CalWorks Other:

Health/Medical

Are you on any medications or have any mental health conditions? Yes No (If yes, please explain)

Are you currently in therapy? Yes No If so, where?

**Personal Background**

1) Why would you like a mentor through Orangewood Foundation?

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2) Briefly describe your future education and career goals.

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3) What are some things you currently need help with?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Driver's Ed              | <input type="checkbox"/> Bank Account         | <input type="checkbox"/> Personal Documents    |
| <input type="checkbox"/> Job Searching            | <input type="checkbox"/> Drivers Education    | <input type="checkbox"/> Housing               |
| <input type="checkbox"/> College Apps/ Tours      | <input type="checkbox"/> Transportation       | <input type="checkbox"/> Parenting Information |
| <input type="checkbox"/> Assistance completing HS | <input type="checkbox"/> Health care services | <input type="checkbox"/> _____                 |
| <input type="checkbox"/> _____                    |   |  |

4) Describe your personality \_\_\_\_\_

5) Would you be able to meet your mentor at least twice per month? Yes No

6) Are you willing to commit to your mentor for at least one year? Yes No

**Interest Checklist of Activities**

**Areas of Interest**

Please indicate if you are interested in the following hobbies or activities.

<input type="checkbox"/> Amusement Parks	<input type="checkbox"/> Crafts	<input type="checkbox"/> Museums	<input type="checkbox"/> Skateboarding
<input type="checkbox"/> Music/ Singing	<input type="checkbox"/> Drawing	<input type="checkbox"/> Theater	<input type="checkbox"/> Skiing
<input type="checkbox"/> Beach	<input type="checkbox"/> Fishing	<input type="checkbox"/> Pool	<input type="checkbox"/> Swimming
<input type="checkbox"/> Snowboarding	<input type="checkbox"/> Job Searching	<input type="checkbox"/> Reading	<input type="checkbox"/> Video Games
<input type="checkbox"/> Bowling	<input type="checkbox"/> Hiking	<input type="checkbox"/> ILP Workshops	<input type="checkbox"/> Water Parks
<input type="checkbox"/> Cooking	<input type="checkbox"/> Miniature Golf	<input type="checkbox"/> Shopping	Other:
<input type="checkbox"/> Computers	<input type="checkbox"/> Movies	<input type="checkbox"/> Makeup/ Nails	Other:

**Sports**

Please indicate if you have participated or are interested in the following sports.

<input type="checkbox"/> Baseball/Softball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Football	<input type="checkbox"/> Walking	<input type="checkbox"/> Cheerleading
<input type="checkbox"/> Swimming	<input type="checkbox"/> Tennis	<input type="checkbox"/> Track	<input type="checkbox"/> Water Polo	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Weight Lifting	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Soccer	<input type="checkbox"/> Boxing/MMA	<input type="checkbox"/> BMX

**Emergency Contact**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

**MENTOR PROGRAM AUTHORIZATION TO RELEASE PERSONAL INFORMATION**  
**PRINT CLEARLY AND USE BLACK INK**

One purpose of this release is to protect the privacy of information concerning individuals by placing restrictions on the disclosure of information contained in an individual record. By signing this release, you consent to allow the staff members in the Mentoring Program to review and discuss any information contained in your records related to or impacting your participation in the program with administrators, social service staff members, mentors and foster care administrators or their staff members.

Your consent to release information begins at the time of application to the Mentoring Program. The release remains in effect until you officially leave the program. You may send a written letter revoking this release to the staff of the Mentoring Program.

**HOW WILL THE RELEASE BE USED?**

There may be situations where we need to request or relay information related to your child's application or participation in the program. This release allows us to discuss your child's personal information with staff members as well as the social service agencies familiar with your child's case history. In addition, this release grants authorization to the Mentor Program staff to request information from your child's mentor and his/her staff. Finally, this release allows the Mentor Program to discuss your child's record with professionals who are studying the issues related to former foster youth. Individuals other than staff members will sign a statement confirming that your child's information will be handled in a manner that does not permit identification of your child's personal situation. In all cases, your child's information is handled with confidentiality; your child's information will be destroyed when the data is no longer needed to document your child's activities.

**MAY I RESCIND THIS RELEASE?**

To rescind this release, please send a written statement to the Mentor Program that includes your child's:

- Full name
- Date of birth
- Social security number
- Statement to rescind the request (please include effective date)
- Signature and date

**WHAT IF I HAVE ADDITIONAL QUESTIONS?**

Mentor Program staff is available to answer your questions during normal business hours. You can reach the Mentor Program by calling (714) 619-0200.

**CLARIFICATION:**

By signing this release, I understand that information contained in my child's records related to or impacting my child's participation in the Mentor Program may be released to or forwarded by the Mentor Program staff with my FULL CONSENT. I have signed this release for the purpose of coordinating my participation in the Mentor Program. I understand that this release will remain in effect until the youth has officially left the program. I understand I can withdraw this authorization by sending a written letter revoking this release to the Mentor Program prior to that date. I understand that this release exempts staff in the Mentor Program from adhering to confidentiality statements I may have signed regarding my child's records. I certify that all of the information reported on this form is true, complete and accurate.

Parent/Guardian Signature	Print	Date
Youth Signature	Print Name	Date

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**OCF STAFF ONLY**

Date Received: \_\_\_\_\_  
Date Declared: \_\_\_\_\_  
Date Case Closed: \_\_\_\_\_