



What: Adulting 101 Summer Program Mentee Application

When: June 19- Aug 18, 2023 (10am-3pm)

Where: JT Lambert Intermediate School Cyber Building, 2000 Milford Rd, E Stroudsburg, 18301

Who: Young Adults ages 15-23

All information on this form will be kept **CONFIDENTIAL**, and will be used only to determine eligibility for the mentoring programs and to match you with our programs. If you are interested in having a mentor, and Participating in one of our programs please complete this application and submit it by **email** (mentorsrusinc@gmail.com), All of the information is needed before you began however if you need assistance please email or call us. We will be happy to assist. We look forward to seeing you soon. We are also accepting virtual Mentee's for this summers program inquire if interested.

PERSONAL INFORMATION

Name		Age
Date of Birth	Last 4 digits of Social Security #	
Address		
Main/Cell phone #	Household income: \$	
Ethnicity/Race?	Email address	
What is the best time to reach you by phone?		
Emergency Contact Name, Number, & Address		
Your Doctor's Name, Number, & Address		
Do you have children? Yes <input type="checkbox"/> <input type="checkbox"/> No		
How did you learn about this program?		

- 1) Will you have reliable transportation to and from our Monroe county facilities as scheduled after meeting?**



2) Do you... Yes or No

- _____ Rent a house/room/apartment
_____ Live with friends or family (*If YES, who?* _____)
_____ House hop or live on the streets and where ever you can
_____ Live in a shelter, transitional housing, other (*If YES, through what program?* _____)

3) What Is the current or last grade you completed in school?

4) Are you currently receiving any services?

Yes ☐ No ☐

(Such as SNAP, TNAF, NSLP)

If YES, from which organizations/agencies?

5) Are you currently working or volunteering?

Yes ☐ No ☐

If YES, please list company and position title:

6) What are some basic skills you would like to learn that would help you become an successful adult?

7) What personal goals do you hope to accomplish in the next few years?



Authorization Of Participation

Consent for Participation, Release of Confidential Information and Use of Name and Image

As the participant, parent and/or legal guardian of _____, I grant permission for her/him to participate as a Mentee in the *Mentor Life Skills Program* of *Mentor's R Us Inc.*, and grant Mentor's R Us Inc. permission to obtain and exchange information concerning her/him with _Monroe County _ School Districts, Children & Youth, Social Services, Career Services, College admissions, Housing Services, ,& ThreeDVisionBoards Inc., and her/his mentor.

This consent shall include all school and college records, transcripts, grade and attendance reports, and test results and such other information relating to, or having an impact on, me/my teens participation or ability to participate, in the Mentor Life Skills program. This information may include case plans or any other information thought relevant by my teens mentor, teachers, job coach, counselor, caseworker or other person affiliated with the School District, job, or living situation. We will only engage in reaching out to other agencies and organizations to benefit (your/teens) health, wellbeing, employment, and or goals for the future.

This authorization shall be effective for one (1) year from the date of the start of the program June 19, 2023` or until the completion or termination of mentoring under the program. I understand that information will be shared only for the mentee's benefit with those directly involved in the mentoring program and will not be disclosed to any other person without my written permission.

I hereby grant Mentor's R Us Inc and it's two partners listed above to use Mentee's name and likeness (photograph, video, etc.) without compensation in newsletters, press releases sent to the media and for general promotional purposes.

Signature of Mentor's R Us Mentee/Applicant

Date of signature

Signature of Parent/Guardian Mentor's R Us Inc. Mentee

Date of signature



Please send the completed application and covid-19 test/vaccination results to Mentorsrusinc@gmail.com or email us for assistance.

Covid-19 Procedure's

Mentor's R Us Inc. will be following the Center of Disease Control (CDC) and local health department guidelines with regard to social distancing practices in order to reduce the spread of Coronavirus, or COVID-19. This will require our staff and volunteers to maintain six (6) feet of distance between ourselves and youth, as much as possible. **We will also be requiring this same procedure for youth-to-youth contact in order to limit the exposure to all individuals.**

We will require all individuals (staff, volunteers, and youth) to utilize **either surgical masks or other purchased mask to reduce the risk of exposure to yourself and others.** It is also required of everyone to either wash or sanitize their hands after using the restroom, sneezing, coughing, and before and after eating meals.

We require all Staff and Volunteers to provide negative covid-19 testing or proof of covid-19 vaccination.

We are asking youth to do the same to protect everyone else. If you have covid symptoms, been exposed to people who have, or are unsure, please be checked contact your doctor, and self isolate.

We are asking that all youth be tested one week prior to participation with our services where testing is free and provide us with the copy of the test. Otherwise wear the appropriate mask and get vaccinated as soon as it is your turn. If you have been exposed or city, school, town or county is experiencing a high covid out break we are asking youth to comply with these conditions or stay home.

If we all work together, we can overcome the spread of this virus as well as experience a wonderful time together. We look forward to learning more about you. By signing below, you agree to comply with the written instructions above.

X_____ I will be submitting a covid-19 negative test after exposure

X_____ I will be submitting proof of my completed vaccinations prior to June 18th

X_____ I will stay home when sick or when exposed to people who have cold or flu for more than a few hours unless after I have been seen cleared by a doctor or am not exhibit any symptoms for 3 days.

A Christian 501 (c)3 Nonprofit Organization

www.mentorsrus.org

570-733-4678

Mentorsrusinc@gmail.com



Signature of Mentor's R Us Mentee/Applicant

Date of Signature

Signature of Parent/Guardian/Mentor

Date of Signature