

COMMUNITY BASED PROGRAM
JUNIOR FRIEND APPLICATION

Date: _____

1. Child's Name: _____ Phone #: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

2. Date of Birth: _____ Sex: (check one) _____ M _____ F
Siblings & their ages: _____

3. Mother's Name: _____ Father's Name: _____
Address: _____ Address: _____
City: _____ State: _____ City: _____ State: _____
Zip: _____ Phone #(H): _____ Zip: _____ Phone #(H): _____
Phone #(W): _____ Phone #(W): _____
Cell # _____ Cell # _____
Parent email address _____

4. With whom does the child live: _____

5. In case of emergency contact: _____ Phone #: _____

6. Please list school and grade of Junior Friend: _____
Describe child's school performance: _____

7. Describe child's ability to socialize: _____

8. Does the child have allergies? _____ Yes _____ No. List types of allergies: _____

9. Does the child take any medications? _____ Yes _____ No. Which medications and how often? _____

10. With what other programs/activities is the child involved? _____

11. Does the family have any preferences regarding a mentor?

Female Male No Preference

Other preferences: _____

12. Special skills, hobbies, and/or interests that the child has: _____

13. Describe the child's personality: _____

14. The child needs help with:

Problem Solving Learning New Skills Sharing Feelings

Caring About Others Self esteem Following Rules

Emotional Support Academic Support Friendships

Other: Please describe: _____

15. Does the child want a mentor? Yes No Unsure

16. Is there already someone in the child's life who could become a mentor? If yes, who?
(Name, address, phone number). _____

17. Describe any problems that the child has at home with caregiver and/or family members: _____

18. Does the child have any special physical assistance needs: (transportation, diet, adaptive equipment)? _____

19. Does the child have any unusual behaviors, thoughts or special emotional needs: (anxiety/worries, anger, aggression, doesn't play well with others, baby talk, extremely shy, fears, dislikes, likes)? _____

20. Does this child have an incarcerated parent? Yes No

(Special consideration will be given to children who have one or more parent in a state or federal correctional facility, whether or not there is contact with that parent. This information is used for program purposes and will be kept confidential.)

21. Other comments: _____

Permission/Release

1. I give permission for my child to be assigned a Mentor through the Best Friends Mentoring Program.
2. I authorize the school to provide information to the Best Friends Mentoring Program about my child that may be relevant to his/her participation in the program.
3. I understand the Best Friends Mentoring Program will not be held responsible for any injuries, accidents or loss of property while attending any Best Friends' activities.
4. I hereby release the Best Mentoring Friends Program, employees and their families, and volunteers from any and all liabilities, including claims and lawsuits for any injuries, fatalities or otherwise, and loss of personal property.
5. I give the Best Mentoring Friends Program permission to photograph or video/film my son/daughter for Best Friends Program publicity endeavors.

Parent/Guardian Signature: _____ **Date:** _____

How did you hear about the Best Friends Mentoring Program?

Counselor Friend/Co-worker TV Newspaper
 Teacher Radio Other (please specify) _____

Return Application to: Best Friends Mentoring Program
PO Box 542/135 W. Villard St.
Dickinson, ND 58602-0542
(701) 483-8615 or toll free 1-877-877-8685
(701) 225-6225 fax
Email: friends@ndsupernet.com
Web site: www.westernwellness.org