



Mentee Application

Dear Applicant:

Thank you for your interest in becoming a Mentee for our When You Smile We Smile, Inc Program. We look forward to connecting you with a Mentor that has similar interest and experience that you are interested in.

As a Mentee, you will have the opportunity to be guided by another experienced Mentor through a variety of channels. These channels may include weekly or monthly meetings with your Mentor, attending various events together as well as your birthday party. You will be learning from your Mentor's leadership activities and work experiences. Your Mentor will assist you in the transition through the obstacles for a brighter smile.

Please note that the number of Mentors will depend upon the number of Mentees that apply, as well as your interest. Therefore, it may take some time before you are connected with a Mentor. We will keep you updated on your accepted and matching status, and we truly appreciate your interest in becoming a Mentee. Thank you for your desire to grow and develop yourself!

Thank you,

Carolann Rucker

Cofounder of When You Smile We Smile , Inc

*Please contact us at whenyousmilewesmileinc@gmail.com. If you would like to learn more about our nonprofit organization please visit us on facebook <https://www.facebook.com/whenyousmilewesmileinc/> . If you would like to donate to our cause please go to <https://www.paypal.me/whenyousmilewesmile>



Application Questions

Please answer all the following questions as completely as possible. If more space is needed, use an extra set of paper. The answers to these questions will aid us in the matching process.

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

2. Briefly describe your expectations of the mentoring program?

3. Is your child available to meet with a mentor a minimum of one hour every two weeks? ___ Yes ___ No

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 problems either at home or at school? If yes, please provide details to see where we can help.

7. Has your child experience any traumatic events (i.e. death in family, abuse, divorce)? If yes please provide details

8. Can you provide any additional background information that may be helpful in matching your child with an appropriate mentor? (Anything that we should be aware of that could be a trigger for you or your child.)



9. Do you have any religious preferences you would like for us to take into consideration?

10. Is there anyone your child should not have contact with? If so please list name and relationship.

11. What are some things that your child like to do for fun? What are there hobbies?

Medical History

Name of Primary Care Physician: _____

Medical Insurance Provider: _____

Policy Number: _____

Does your child have any physical problems or limitations? Yes No

Is your child receiving treatment for any medical issues? Yes No

Is your child currently taking any medications? Yes No If yes, please explain. _____

Does your child have any known allergies or adverse reactions to medications? If yes please explain _____

Please read this carefully before signing:

We appreciate 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 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 that 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 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 When You Smile We Smile, Inc Mentoring Program and its related activities.

___ I agree to have my child follow all of the 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 may be transported by his/her mentor while participating in the mentorship program, and that such transportation is voluntary and at his/her own risk.

___ I release When You Smile We Smile, Inc of all liability of injury, death, or 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 mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

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

- Signed application
- Contact and Information Release Form
- Youth Mentee Guidelines/Instructions Form
- Proof of qualification



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

Parent/Guardian Signature Date

Please return or mail this application and all items listed above to

When You Smile We Smile, Inc
3700 Atlanta Hwy
Ste. 107
Athens, GA. 30606

If you have any questions please contact Brandon Rucker @ 706-340-7215 or Carolann Rucker @706-372-9692.