

Signature of Parent or Legal Guardian

NPAL Mentoring: Youth Mentee Application

Please answer these questions as completely as possible. This information will help us to match you with the right mentor. (Please print)

Today's Date:							
Name:		Gender	(circle one): M F				
Race/Ethnicity:							
Free/Reduced Lunch Status: Eligible	Not Eligible	Not Sure	Prefer Not to Say				
Special Education/Disability? Y/N							
Are you a peer mentor? (Teens Only) \mathbf{Y} /	N						
Referral? Y/N							
Referred by: School Resource Officer / Juve	enile Judge / Family Cour	t / Community C	Officer / School / Other				
If other , who?							
Have you previously been a PAL member?	Y/N						
Parent/Legal Guardian's Name:							
My favorite kind of music is:							
				My favorite subject in school is:			
				My least favorite subject in school is:			
				What are your special interests and hobbie painting, etc.)?	• • • • • • • • • • • • • • • • • • • •	•	G. G. S.
What clubs or groups do you belong to?							
What do you like to do most with your free	time?						
Why do you want to be a part of the PAL M	lentoring program?						
If accepted into the PAL Mentoring programentor at the PAL center during weekly Pamake it to a session.			•				
Signature of Youth	Date						

Date