

## Parent/Youth Inquiry Record

**Date of Inquiry** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_

**Son/Daughter's Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **County** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **E-Mail Address** \_\_\_\_\_

**Son/Daughter's School** \_\_\_\_\_ **Grade** \_\_\_\_\_

What is the primary reason for your son/daughter to have a mentor?

Do you feel your son or daughter has any conditions that will affect him or her relating to a mentor? If yes, please briefly explain.

When and where would it be most convenient to talk with you and your son or daughter so that we can start going to get them matched?

Do you have any other comments for us?

Section below is only for our staff use, you don't need to fill it in.

**Interview Date** \_\_\_\_\_ **Time** \_\_\_\_\_

**Location** \_\_\_\_\_ **Enrollment Staff Assigned** \_\_\_\_\_

Staff Taking Inquiry

Staff Comments