

WILDERNESS JOURNEYS
13230 W. BUTTERCUP CT.
BOISE, ID 83713

INFO@WILDERNESSJOURNEYS.ORG (208)501-4037

Youth Name _____ Date: _____

Gender: Male _____ Female _____ Age _____ Date of Birth: _____

Ethnicity (please mark one):

African American Asian Bi-Racial Caucasian Hispanic Native American

Other _____

Parent or Guardian Name _____

Home Phone: _____ Cell: _____

Email: _____ Street Address _____

City _____ State _____ Zip _____

Do you work? If yes, where: _____ Work Phone: _____

Are you a student? If yes, where: _____ Grade _____

Youth Probation Officer/CDW (if applicable) _____ Phone _____

Case Manager Name _____ Address: _____

Agency _____ Phone _____

For Youth to complete: Wilderness Journeys is an organization for youth like you, who would like to have an adult friend to support you in your life. Youth and mentors talk, work on homework, hang out, and do fun activities together. If you would like to have a mentor and be a part of our program, please check and sign below.

Name: _____ Birthdate: _____

1. I would like to have a mentor. Yes _____ No _____

2. I am willing to meet with my mentor twice a month for a year. Yes _____ No _____

Signature of Youth

Date

For the caregiver to complete: Please fill out the following questions as completely as possible. For every yes answer, please explain in the space provided. This information is requested to assist the Wilderness Journeys staff in assessing how appropriate our program is for the child. All information received will be kept strictly confidential. Wilderness Journeys will not release this information to any organizations or individuals without written approval.

Relationship to child _____ Does the child live with you full time? (Y/N) _____

Phone _____ Email _____

Preferred method of contact _____

Why do you think the child would benefit from having a mentor?

What are the child's personal interests, skills or hobbies, sports played? _____

Describe any particular problems he/she might have. (i.e. emotional, behavioral, mental, social, academic, etc): _____

Is the child having any problems in school? No ____ Yes ____

If yes, please explain:

Does the child have difficulty with people in roles of authority? (i.e., teachers, school principal, disciplinarian within the home) No ____ Yes ____

If yes, please explain:

Has the child experienced any abuse (i.e., physical, sexual, emotional)?

No ____ Yes ____ If yes, please explain: _____

Does the child have any history of drug or alcohol use?

No ____ Yes ____ If yes, please explain: _____

Has the child ever been arrested or had any court contact?

No ____ Yes ____ If yes, please explain: _____

Does he/she have any kind of health problem or physical disability?

No _____ Yes _____ If yes, please explain: _____

Is he/she taking any medications? No _____ Yes _____ If yes, please list and describe
what each medication is for: _____

What are the names and ages of those living in the home? _____

Church Name (if you attend) _____

Describe anything else you would like us to know about the child. _____

If you are caring for multiple children with an incarcerated parent, would you prefer for each child to
have their own mentor, or to go together with a single mentor. _____

If together, would you prefer a male or female mentor? _____

Wilderness Journeys is an organization for adolescents who may be facing challenges in school, with
their peers, or with personal issues resulting from having an incarcerated parent. We support these
adolescents through a mentoring relationship with an adult volunteer. All volunteers are thoroughly
screened and monitored throughout their relationship by a Wilderness Journeys Mentoring Coach.

Kids who want to have a mentor must apply. All who can possibly be accepted will be. Those who are
accepted are teamed up with an adult for a minimum of one year.

We are limited in the number of youth we can accept. If we are to consider this application, we must be
sure that you want your child to have a mentor and that you are willing to support her or him if
accepted. Your signature below indicates your consent to the above and your desire to provide a
mentor to your child with Wilderness Journeys.

Signature of Parent or Guardian

Date

Protégé Interest Inventory

Name: _____ Date: _____

Put an "X" next to the activities on the list that you have participated in and would like to do with your mentor. Put a check mark next to the activity if it is something that you don't participate in right now, but would like to learn. Write items that are not listed that you like to do on the bottom of this sheet.

- | | |
|----------------------|-----------------------------|
| _____ Skating | _____ Computers |
| _____ Camping | _____ Drama |
| _____ Hiking | _____ Cars |
| _____ Boating | _____ Martial Arts |
| _____ Swimming | _____ Crafts |
| _____ Board Games | _____ Drawing |
| _____ Card Games | _____ Animals |
| _____ Pool | _____ Fishing |
| _____ Ping Pong | _____ Bicycling |
| _____ Miniature Golf | _____ Jogging |
| _____ Tennis | _____ Bowling |
| _____ Racquetball | _____ Photography |
| _____ Baseball | _____ Video Games |
| _____ Football | _____ Shopping |
| _____ Basketball | _____ Soccer |
| _____ Painting | _____ Cooking |
| _____ Reading | _____ Grilling |
| _____ Math | _____ Singing |
| _____ Science | _____ Gardening / Yard Work |

Other: _____