

**\*YOU MUST BE ENROLLED IN A PALM BEACH COUNTY HIGH SCHOOL WORKING TOWARDS YOUR DIPLOMA OR GED.**

**\*MENTEE APPLICATION\* HEALTHY MOTHERS, HEALTHY BABIES TEEN MOM MENTORING PROGRAM**

**This application will take you about 15 minutes to complete and must be completed in full. If you're completing this on a computer or your phone please make sure you give yourself enough time to take it since you won't be able to save your answers.**

**Personal Information**

\* Tell us a little about yourself.

**First and Last Name**

**Your Current Age**

**Address**

**Apt. #, Building #**

**City/Town**

**ZIP/Postal Code**

**Birth Date**

**Email Address**

**Phone Number**

\* Are you currently pregnant?

Yes  No

If yes, what is your due date?

\* Do you have other children?

Yes  No

If so, please list their ages and gender.

\* What trimester during your pregnancy did you begin seeing a doctor?

- First Trimester (0-13 weeks)  Third Trimester (28-42 weeks)  
 Second Trimester (14-27 weeks)  I'm not sure

\* Are you utilizing the services of Healthy Mothers, Healthy Babies for your pregnancy?

- Yes  No  Not sure.  I'm not pregnant.

\* Do you speak English?

- Yes  No

If no, what language(s) do you speak?

\* Do you currently have a job?

- Yes  No

If yes, where are you working?

Race (optional)

- White  Black  Hispanic  
 Other

\* Ethnicity

- White Non-Hispanic  Hispanic  Other  
 Black Non-Hispanic  Haitian

\* What best describes your family structure?

- Single-Parent Family  I'm in foster care.  
 Two-Parent Family  I live in a group home.  
 I have a guardian.  Kinship Care (Living with a friend or non-parent)

Other (please specify)

\* How would you like us to contact you? (Check all that apply)

- Phone Call                       Email
- Text Message

\* In the case of an emergency, who can we contact?

**Contact Name:**

**Relationship to You:**

**Phone Number:**

How many people live in the home you're living in?

- 2    3    4    5+

### School & Mentoring Information

\* Are you currently enrolled in high school?

- Yes    No

If yes, please tell us the name of your school.

\* What's your current grade level?

- 9th    10th    11th    12th

\* Who's your guidance counselor?

\* You'll meet with your mentor during lunch once a week. Let us know your lunch time (i.e. 11:15-11:50). If you don't eat lunch at school please let us know when and where you'd be available to meet.

\* Do you have transportation?

- Yes    No

Maybe (Please explain)

Tell us what you'd like to share with your mentor!

**Your responses to these questions will help us match you!**

\* Why are you interested in having a mentor?

\* What would you like your mentor to know about you?

\* What's your biggest struggle and biggest worry right now?

Who do you rely on for help?

\* What might get in the way of you staying in school?

\* Do you plan/wish to attend college?

Yes  No  Maybe

\* What's your dream job?

\* Have you ever been involved in a mentoring program?

Yes  No