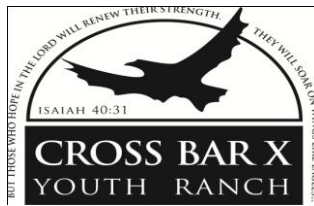


Internal use only:

- Wait list updated
- MentorPRO updated
- Caregiver contacted



## Cross Bar X Youth Mentoring Application

2111 CR 222 Durango, CO 81303  
970-259-2716 (or) 970-259 8006 (fax)

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 \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Probation Officer (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Case Manager Name \_\_\_\_\_

Agency \_\_\_\_\_ Phone \_\_\_\_\_

School Name \_\_\_\_\_ Phone \_\_\_\_\_

School Address \_\_\_\_\_

School Advisors Name \_\_\_\_\_ Grade in School \_\_\_\_\_

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 Cross Bar X staff in assessing how appropriate the child is for the program. All information received will be kept strictly confidential. Cross Bar X will not release this information to any organizations or individuals without written approval.

How did you hear about this program? \_\_\_\_\_

If referred, by whom? \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_

Does the child have a parent or other relative in prison?      No \_\_\_\_      Yes \_\_\_\_      If yes, please explain: \_\_\_\_\_

If yes, is the child aware of this situation?      No \_\_\_\_      Yes \_\_\_\_

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

Church Name (if you attend) \_\_\_\_\_

List below the names and dates of any other agency that has assisted your family in the past year (family and children's agency, child guidance clinic, public assistance, etc.)

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

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**For Youth to complete:** Cross Bar X 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: \_\_\_\_\_ Phone: \_\_\_\_\_

1. I would like to have a mentor. Yes \_\_\_\_\_ No \_\_\_\_\_
2. I am willing to meet with my mentor once a week for a year. Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of Youth Date

**For Parent to complete:** Cross Bar X is an organization for children and adolescents who may be facing challenges in school, with their peers, or with personal issues. We support these children and adolescents through a mentoring relationship with an adult volunteer. All volunteers are thoroughly screened and monitored throughout their relationship by a Cross Bar X Mentor Coordinator.

Kids who want to have a mentor must apply. Those who are accepted are teamed up with an adult for 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 Cross Bar X Youth Ranch.

\_\_\_\_\_  
Signature of Parent or Guardian Date