



Teen Mentorship Program 2008-2009 Teen Application

Please submit via mail to Melissa Moscol 4923 Francis Lewis Blvd, Bayside, NY 11364 or email to Melissa.Moscol@gmail.com or mmartin@alsoknownas.org by August 1st, 2008. Make all payments to Also-Known-As Teen Mentorship Program (\$425 yearly dues *plus family yearly membership fee*)

Contact Information:

Child's Name: _____

Child's Birth Name (*if known*) _____

Parent(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent (s) Email: _____

Child Email _____

Home Phone: _____ Cell Phone: _____

What number is best to contact you with any concerns or questions? _____

Child's Birth Date: ____/____/____ Age: _____ Race: _____ Gender: _____

Year of adoption _____ Age of Adoption _____ Birth Country _____

Parent (s) Employer: _____

Parent (s) Occupation: _____

Members of your household: List all persons now living in home, including yourself:

Name	Gender	Date of Birth	Relationship to child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are any of the above named adopted? If so, who? _____

Are there any biological children in the household? If so, who? _____

Marital Status of Parent/Guardian: (please circle) Married / Domestic Partners/Divorced / Single/ Separated/ Widowed

Name of Absent Parent(s):

Date of separation, divorce or death: _____

Do they have legal visitation? _____

Is there any contact between the child & absent parent? _____
If so how often? _____

Emergency Contact Person:

1. Name _____ Relationship _____
Phone _____

2. Name _____ Relationship _____
Phone _____

Educational Information:

School: _____ Grade: _____

My child receives the following services in school:
___ Speech/Hearing ___ Social Work ___ Resource ___ Special Ed
___ Psychological Counseling

HEALTH AND MEDICAL RECORDS

Child's Doctor: _____

Doctor's Address &/or Phone Number :

Any diagnosed physical or developmental disabilities _____

Any allergies, if so what? _____

Any reactions to medication, if so what? _____

Current Medications and Reason for _____

Are the child immunizations shots up to date _____

Are there any special dietary needs, if so what? _____

Any major illness or hospitalizations during the past 3 years, Please explain

Any conditions now requiring regular medication or treatment? _____

Any activities that child should/could not participate in? _____

Insurance Carrier & ID Number: _____

Child Information:

Have you spoken to your child about applying to the program? _____

What does she/he think?

Has your child expressed interest in doing a birth search? If yes, what was the response given to child? _____

Has your child previously been in any mentorship programs? If yes, please list.

Does your child attend any summer programs for adoptees? If so, which one(s).

Please list your child's interests and hobbies

Are there any issues that you would like the program to address with your child?

Are there any specific events that you would like to see the TMP participate in this year? If so, please list.

Do you give permission for the director (s) to contact your child regarding outside projects/ programs, such as essay writing or speaker bureaus? _____

I here by give permission for my child to attend activities with the Also-Known-As staff & volunteers. The staff member and volunteers who supervise my child is exempt from any liability for any injury my child may sustain while under their care and direction. This permission is given with the knowledge that the staff and volunteers will not assume personal responsibility for medical attention other that first aid. In the event of an emergency, I authorize Also-Known-As and volunteers to obtain medical and/or surgical treatment for my child at no cost to the agency or volunteer.

Parent/Guardian Signature

Date

Consent to Use Identifying Information
In Agency Promotion Materials

I, _____(parent/guardian) for _____ (child)
Hereby give my permission to Also-Known-As to use the following for promotional and
development materials:

(please check those that apply)

First Name _____

Last Name _____

Photograph _____

Audio and/or Visual Recording _____

Also-Known-As' Web Site _____

Also-Known-As' Newsletter _____

Promotional Material _____

This consent applies solely to the identifying information herein described and may not be used for any other purpose. In giving this consent, I release Also-Known-As, their nominees and designees from any obligation or liability otherwise owed to me as a result the reproduction or use of the above referenced identifying information.

If consent is provided, I understand this consent may be terminated at any time by submission of a written request.

Parent/Guardian

Date