



# TOHONO O'ODHAM NATION POLICE DEPARTMENT YOUTH MENTOR PROGRAM

**PROJECT** ILEAD: Inspiring Leadership, Enrichment, and Determination

P.O. Box 189 ☉ Sells, AZ ☉ 85634 ☉ 520-383-4354 ☉ 520-383-3276



# YOUTH APPLICATION

(To Be Completed By the Parent/Guardian)

## Youth Candidate Checklist

### Project ILEAD

Project ILEAD is a mentoring program designed to bring young people together with caring adults who will serve as mentors that will offer guidance, support and encouragement to a young person. A mentor is an adult who, along with parents/guardians, provides a child with support, friendship, and guidance. Mentors are people who care and want to help young people bring out strengths they already have! Youth participating in the program will also have an opportunity to meet new people; participate in activities that will boost cultural awareness; learn about future career opportunities, build leadership skills, receive tutoring assistance, and engage in fun, skill-building activities.

### Eligibility Requirements

- Enrolled Tohono O'odham member
- Student in 5<sup>th</sup> to 8<sup>th</sup> grade attending Indian Oasis Elementary-Intermediate or Baboquivari Middle School
- Reside within the Tohono O'odham Nation
- Demonstrate a desire to participate in the program and be willing to abide by all TON YMP program policies and procedures
- Be able to obtain parental/guardian permission and ongoing support for participation
- Agree to a one-year commitment to the program
- Commit to spending a minimum of two hours a month with the mentor
- Be willing to communicate with the mentor weekly
- Complete screening procedure
- **Agree to attend youth activities and trainings as required, including group mentoring activities**
- Be willing to communicate regularly with program staff and discuss monthly meeting and activity information

#### REQUIRED ITEMS

- \_\_\_\_\_ Youth Participant Application
- \_\_\_\_\_ Youth Liability Release
- \_\_\_\_\_ Contact and Information Release
- \_\_\_\_\_ Youth Interest/Match Survey

#### COMPLETED BY PROGRAM

- \_\_\_\_\_ Referral Processed
- \_\_\_\_\_ Parent/Guardian Contacted
- \_\_\_\_\_ Interview
- \_\_\_\_\_ Orientation

**Attention Parent/Guardian or Volunteer:** If you would like to participate in group mentor/youth activities sponsored by the Youth Mentor Program's Project ILEAD, participate in mentor/youth activities that will take place at the school, or would like to volunteer your time, please request release forms from the Youth Mentor Program: **I. Participant Liability Release and II. Participant Authorization to Release Information (Personal Background Check)**

*"Follow your dreams, work hard, practice and persevere" ~Sasha Cohen*

## YOUTH APPLICATION

(To Be Completed By the **Parent/Guardian**)

**PERSONAL INFORMATION:**

Youth's Name: \_\_\_\_\_  
First
Middle
Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_    Age: \_\_\_\_\_    Gender:  Male    Female

District Enrolled: \_\_\_\_\_

Community of **Residence**: \_\_\_\_\_

Name of School: \_\_\_\_\_    Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Youth:  Mother    Father    Other, specify: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street or P.O. Box
City
State
Zip

General Location of Residence: \_\_\_\_\_

Home phone: \_\_\_\_\_    Mobile phone: \_\_\_\_\_    Work phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Parent/Guardian Marital Status:  
 Married    Single    Divorced    Widowed    Separated    Partner

Parent/Guardian Employment Status:  
 Full Time    Part Time    Temporary    Volunteer    Unemployed    Retired

Please list all members of your household:

Name	Gender	Age	Relationship to Applicant

**APPLICATION QUESTIONS (PARENT/GUARDIAN):**

Please answer the following questions as completely as possible.

1) Why do you feel your child might benefit from participating in mentoring? \_\_\_\_\_

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2) Are you willing to help your child commit to **one year** of participation in the mentor program from the time the child is matched with a mentor?  Yes  No

3) Is your child able to meet with a mentor **two hours a month** and have some contact (phone, e-mail, etc.) every other week for the next year?  Yes  No

*Please explain any scheduling issues:*

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4) Is your child willing to attend youth training sessions as required after being matched?

Yes  No

5) Are you and your child willing to communicate regularly with program staff, **provide monthly updates**, and give feedback about any problems during your participation in the mentoring program?

Yes  No

6) Is your child currently on probation or involved with the **court system**?  Yes  No

If yes, please provide details and conditions (offense, date, court orders, probation officer name, etc.).

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7) Is your child involved with other agencies working with youth and families?  Yes  No

If yes, please provide details (agency, contact person, reason, etc.). \_\_\_\_\_

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8) Describe your child's **school performance** including grades, homework, attendance, behavior, friends, extra-curricular activities:

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9) Is your child currently having any problems at home or school? Please explain: \_\_\_\_\_

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10) Has your child experienced any **traumatic events** (ex: death in the family, abuse, divorce, etc.)?

If yes, please provide details: \_\_\_\_\_

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11) Any additional background information about your child that may be helpful in selecting a mentor?

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**MEDICAL HISTORY:**

Name of Primary Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Does your child have any **physical problems** or limitations that we should be aware of (heart trouble, foot problem, hearing impairment, etc.)? If yes, describe and explain what precautions should be taken:

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Is your child currently receiving treatment for any **medical issues**?

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Is your child currently on any type of **medication**? If so, please list:

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Does your child have any known **allergies** or adverse reactions to medication? If yes, please name the foods or substances to be avoided and procedure to follow if reaction occurs:

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Is your child having any **emotional** issues or problems right now?

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Is your child currently seeing a **counselor** or therapist? If yes, please provide location and therapist's name and briefly describe goals for therapy:

Therapist's Name: \_\_\_\_\_

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**In Case of an Emergency**

In the event that I cannot be reached in an emergency, I hereby grant my permission to the following individual to act and serve in the best interest and safety of my child.

Emergency Contact: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

Home/Work number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Emergency Release**

In the event that I cannot be reached in an emergency, I hereby authorize the Tohono O'odham Nation Youth Mentor Program to obtain proper medical attention and/or administer first aid and/or emergency treatment needed for my child as deemed necessary.

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Parent/Guardian Signature

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Date

**YOUTH LIABILITY RELEASE**  
(To Be Completed By the **Parent/Guardian**)

**Please read the following and sign below:**

- I give my informed consent and permission for my child to participate in Project ILEAD, the Tohono O’odham Nation Youth Mentor Program and its related activities.
- I agree to have my child follow all mentoring program guidelines and understand that any violation on my child’s part may result in suspension and/or termination of the mentoring relationship.
- I hereby acknowledge that my child will be transported by his/her mentor and/or Youth Mentor Program staff or representatives while participating in the mentoring program, and that such transportation is voluntary and at his/her own risk.
- I release and hold harmless the Tohono O’odham Nation Youth Mentor Program, its employees, mentors, participating organizations, or other representatives, both collectively and individually, of all liability of any injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may hereafter become attributable to participating in the mentoring program, including but not limited to transportation.
- I give permission for the Tohono O’odham Nation Youth Mentor Program to use any photographic image, video and/or voice of my child taken while participating in the mentoring program for use in promotions or other related marketing materials.
- I understand that the Tohono O’odham Nation Youth Mentor Program is not obligated to provide a reason for their decision in accepting or rejecting my child into the mentoring program.
- I understand that I must return all contents of the application packet as referenced in the Youth Application Checklist and that any incomplete information will result in the delay of my application being processed.
- I understand that the application and all supporting documents are the property of the Tohono O’odham Nation Youth Mentor Program.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**CONTACT AND INFORMATION RELEASE**  
(To Be Completed By the **Parent/Guardian**)

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

I hereby grant permission for Project ILEAD, the Tohono O'odham Nation Youth Mentor Program, or any person or persons duly authorized by the program to make contact with my child and conduct a personal interview for the purposes of applying to participate in the mentoring program. Further, the Tohono O'odham Nation Youth Mentor Program, or any person or persons duly authorized by the program may also make contact with my child on school premises for the purposes of screening and interviewing as well as ongoing support of his/her participation in the mentoring program.

In order to facilitate the mentor-youth match, goal setting and evaluation, I authorize the Tohono O'odham Nation Youth Mentor Program to obtain any needed information regarding my child from schools or service providers that work with my child, including but not limited to academic and behavioral records, surveys, and conversations with teachers, counselors, and other administrative staff. All released information will be confidential and for program purposes only.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Date

Parent/Guardian Printed Name: \_\_\_\_\_

**YOUTH PROFILE (COMPLETED BY YOUTH):**

1) Please check all the best times for you to meet with your mentor:

- Weekdays  
  Lunch Time  
  After School  
  Evenings  
 (5:00-7:00pm)  
  Weekends

Explain or provide any other information about a convenient time to meet:

\_\_\_\_\_

2) What do you like to do in your free time? \_\_\_\_\_

\_\_\_\_\_

3) Are there any social, community, traditional or sports **groups** that you would like to get involved in? If yes, describe which groups and why: \_\_\_\_\_

\_\_\_\_\_

4) Think about a project, class assignment, or time where you helped out with something. What did you like about it?

\_\_\_\_\_

5) How do you like **school**? What things do you like or not like about school?

\_\_\_\_\_

6) What subjects or things do you like learning about at school or outside of school? \_\_\_\_\_

\_\_\_\_\_

7) What can you do well, or have been told you're good at by others? ***It could be anything!***

\_\_\_\_\_

8) If you could learn about a job/career, what would it be?

\_\_\_\_\_

9) List *any* goals you may have (for example: learn how to play a certain sport or instrument, play cards, learn more about O'odham culture/language, learn how to make a basket, run long distances, Anything!).

\_\_\_\_\_

10) If you could do something special for someone, or for your community what would it be and why? \_\_\_\_\_

\_\_\_\_\_

**YOUTH PROFILE (CONTINUED):**

11) How would you describe your personality? (check all that apply)

<input type="checkbox"/> Life of the party/Outgoing	<input type="checkbox"/> Sociable	<input type="checkbox"/> Confident	<input type="checkbox"/> Sensitive
<input type="checkbox"/> Friendly	<input type="checkbox"/> Lazy	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Adventurousome
<input type="checkbox"/> Quiet	<input type="checkbox"/> Creative	<input type="checkbox"/> Like to try new things	<input type="checkbox"/> Curious
<input type="checkbox"/> Leader	<input type="checkbox"/> Honest	<input type="checkbox"/> Hard working	<input type="checkbox"/> Dependable
<input type="checkbox"/> Energetic	<input type="checkbox"/> Silly	<input type="checkbox"/> Athletic	<input type="checkbox"/> Talented
<input type="checkbox"/> Serious	<input type="checkbox"/> Supportive	<input type="checkbox"/> Loving/caring	<input type="checkbox"/> Like directions
<input type="checkbox"/> A listener	<input type="checkbox"/> Loyal	<input type="checkbox"/> Artistic	<input type="checkbox"/> Musical
<input type="checkbox"/> Moody	<input type="checkbox"/> Like humor	<input type="checkbox"/> Unorganized	<input type="checkbox"/> Stressed
<input type="checkbox"/> Other _____			

12) Circle all of the activities that interest you:

Tohono O’odham language	Helping people/Community Service	Horsemanship	Drawing/Painting	Traditional dancing
Traditional singing	Rattle Making	Knitting/weaving	Cooking/Baking	Gardening
Photography	Arts and Crafts	Environmental	Health/well-being	Traditional cooking
Camping	Computers/Technology	Wilderness survival	Art	Traditional medicine
Sports	Astronomy	Life saving (First Aid/CPR)	Basket weaving	Cultural artifacts/ Archeology
Running	Music	Digital storytelling	Beadwork	School help/tutoring
Hiking	Dancing	Video games	Rag Doll Making	Harvesting desert fruit
Self-defense	Drumming	Writing	Paper flowers	Pottery

Any other activities? \_\_\_\_\_

13) List your favorites:

Music _____	Sports _____
Movie _____	Food _____
TV shows _____	Activities/Hobbies _____
School Subjects _____	Other: _____

14) Who do you most admire and why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15) If you could learn something new, what would it be? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_