



## Lake County Youth Mentor Program

### “Be a Hero”

### Student Profile

(Please print clearly)

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street) (City) (State/Zip)

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Non-binary \_\_\_\_\_ Prefer not to answer \_\_\_\_\_

Parent Telephone: \_\_\_\_\_ Your Telephone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

What subjects do you like in school? \_\_\_\_\_

What outdoor activities do you like? \_\_\_\_\_

What indoor activities do you like? \_\_\_\_\_

What is your favorite activity? \_\_\_\_\_

What sports or other activities do you participate in after school? \_\_\_\_\_

What pets do you have? \_\_\_\_\_

Name your brothers/sisters. \_\_\_\_\_

What is your favorite movie? \_\_\_\_\_

Any medical conditions/allergies? \_\_\_\_\_

Anything else you would like us to know about you? (If you need more space, please use backside.)

\_\_\_\_\_  
\_\_\_\_\_

I would like a mentor because (check all that apply)

\_\_\_\_ I need help with school work

\_\_\_\_ I need help getting along at home

\_\_\_\_ I need someone to talk to

\_\_\_\_ I need help getting along with friends

\_\_\_\_ I need help with school behavior

Other Reasons \_\_\_\_\_

\_\_\_\_\_

I agree to participate in the Lake County Youth Mentor Program. I understand that I will meet with my mentor once a week for one year. I agree to be cooperative and to show respect and courtesy to my mentor at all times.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature