

Participant Name:



Panhandle Promise Project

Participant Intake Form

Parent/Guardian Information

First Name	Middle Initial	Last Name		Relationship to child	
Other Parent/Guardian Name & Phone #	Female Male	Marital Status	Ethnicity	Date Of Birth	# of children
Maiden Name (if applicable)	Home Address		City	State and Zip Code	
Cell Phone #	Home Phone #		Work Phone #		
Occupation	Employer	Supervisor		Supervisor's Phone #/ Ext.	
How Long Employed	May we contact You @ Work Yes No	Work Hours and Days			
Do you have reliable Transportation? Yes No	Highest Level of education		If in school please specify High school GED College		
Referring Agency(if applicable)	Agency's Phone #	Case Worker (if applicable)			

Incarcerated Family Member Information

First Name	Middle Initial	Last Name		Relationship to child
Is this person currently Incarcerated Probation Parole		In the past, has this person been Incarcerated Probation Parole		
Was the crime aggressive in nature?	When did crime occur?	Is this person living with child (if not incarcerated) Yes No		
Identification # (if applicable)	Place of incarceration	How long was the sentence	How many year already served	
If not living with child is there regular contact? Yes No	If yes, specify Approx. how often?	How does contact happen? Email Mail Telephone Contact Other		

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Participant's Information

First Name	Middle Initial	Last Name		Name to appear on name tag
Permanent Address	City	State	Zip	Cell Phone #
Date Of Birth	Age	Female Male	T-Shirt Size (circle one) XS S M XL XXL	
Eye color	Hair Color	Weight		Height
Entering Grade	Name of School		GPA of letter grade	
Number of Siblings and Names	Male(s) _____ Age(s) _____		Female(s) _____ Age(s) _____	

Emergency Contact Information

In the event that a parent/guardian cannot be reached, please list person(s) to contact in case of emergency

Name	Relationship to Applicant	Telephone Number
Name	Relationship to Applicant	Telephone Number
Name	Relationship to Applicant	Telephone Number



Participant Name: _____

Participant's Medical History

Last Tetanus Immunization / Booster _____

Any dietary restrictions or allergies? _____ If yes, what? _____

Any allergies to medications? _____ If yes, what? _____

Any mayor surgeries performed _____ If yes, what? _____

Please check all that apply

____ Asthma

____ Recurrent Ear Infections

____ Frequent Diarrhea

____ Diabetes

____ Recurrent Strep Throat

____ Chronic Constipation

____ ADD/ADHD

____ Kidney/Bladder Infections

____ Lactose Intolerance

____ Depression

____ Bedwetting

____ Epilepsy/Seizures

____ Migraines

____ Sleepwalking

____ Other (please list) _____

____ Allergies (please list) _____

Physician's Name _____

Phone # _____

Insurance Company _____

Phone # _____

Group/Plan # _____

Member # _____

Medicaid # _____

Name on Medical Account _____

My child is healthy and capable of participation in this event without causing risk of danger, illness, or accident to their person or to others. I agree to hold harmless The Promise Project staff and coordinators, Board Members, the Bishop of Northwest Texas and the Episcopal Diocese of Northwest Texas in the event of injury or accident. I declare that my child is covered by medical insurance and/or I am responsible for any and all expenses incurred by my child whether covered by insurance or not. In the event that my child requires medical or dental attention, I understand that an adult sponsor will make every attempt to contact me. In the event that I cannot be reached, I consent to any medical attention deemed appropriate. In the event treatment is called for where the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be reached immediately or because of emergency there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent.

Parent/guardian Signature _____ Date _____

Participant Name:



<i>Favorite Color</i>	<i>Favorite Cartoon Character</i>	<i>Favorite singer</i>
Favorite Type of Music	Hobbies	Favorite Sport to watch
Favorite Sports Team	Favorite Snack	Favorite Restaurant
Favorite Food	Favorite Movie	Favorite Sport to play
Favorite Board Game	When she/he grows up she/he wants to be...	
Favorite TV Series	Favorite Animal	Her/his hero is...
Favorite Type of Clothes	Indoor or outdoor kind of person	Favorite creative activity
Does he/she play an instrument? If yes, Which one?		Best Friend's Name
Favorite Book	Favorite Family Member	

Fun Facts





Participant Name:

Dear Parent/Guardian,

Thank you for your interest in the Panhandle Promise Project Mentoring Program. This new mentoring initiative is a school based mentoring program that coordinates a one-on-one relationship for young people, ages 6 -17, facing challenges and needing support to succeed.

The Promise Project provides youth with an adult mentor who can meet them for at least two hours per month. The Mentor's job is to help the young person define individual goals and find ways to achieve these goals. Since the expectations of each child will vary, the job of the mentor is to encourage the positive development of the young person. By sharing a meal at the child's school as well as conversation, a mentor encourages positive choices and promotes high self-esteem. All mentors complete a formal training and undergo an extensive criminal background check before they are allowed to work with children.

In order for your child to be considered for this opportunity, we need you to complete the attached Mentee Application. If you need further assistance please contact the executive director of the Promise Project, Kimberli Phillips, at (806) 335-6130 or panhandlepromiseproject@gmail.com.

Thank you!

Kimberli Phillips, LMSW

Executive Director

Participant Name:



Please use as much space as you need to answer these questions. You may answer the questions on the back of this form. When complete please send to 1601 S. Georgia Amarillo, Texas attention Kimberli Phillips or email a scanned copy to panhandlepromiseproject@gmail.com

1. Why do you/ does your child want to participate in the Panhandle Promise Project

Mentoring Program?

2. Briefly describe your expectations of the Panhandle Promise Project Mentoring Program.

3. Is your child available and willing to meet with a mentor at least two hours per month and have contact at least once a week for the next year? Please explain any particular scheduling issues.

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4. Describe your child's school performance, including grades, homework, attendance, behavior, etc.:

5. Does your child have friends? Please describe his/ her friendships.

6. Is your child currently having any behavioral or social problems at home or at school? If so, please provide information that may be helpful for us to know as we work with your child.



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7. Is your child currently dealing with any traumatic events (i.e. death in the family, abuse, divorce)? If yes, please provide detail.

8. Can you provide any additional background information that may be helpful in matching your son/daughter with an appropriate mentor?
