



Boundless
Vancouver

Brave Circles Mentee Application



To be filled out by the youth's parent/guardian/caregiver/social worker.
Please email your completed application to youth@boundlessvancouver.ca

Youth's Information

Name: _____
First *Last*

Date of Birth (mm/dd/yyyy): _____

Phone Number: _____

Email: _____

Address: _____
Number *Street* *ApartmentNo./Unit No.*

City/Town *Province* *Postal Code*

Languages Spoken: _____

School: _____

Grade: _____

Primary Caregiver's Information

Name: _____
First *Last*

Date of Birth (mm/dd/yyyy): _____

Relationship to Youth: _____

Home Phone Number: _____

Cell Number: _____

Email: _____

Address: _____

Number

Street

ApartmentNo./Unit No.

City/Town

Province

Postal Code

Medical Information

Name of Primary Care Physician: _____

Primary Care Physician's Phone: _____

Personal Health Number (PHN): _____

Medical Notes and Treatments (allergies, medical issues, etc. that we should be aware of):

Professional Involvement

Is the youth's family involved with the Ministry of Children & Family Development or Vancouver Aboriginal Child & Family Services?

- Yes
- No

If "Yes", please list the agency and worker involved with the youth/family:

Agency _____ Worker _____ Phone Number _____

Is the youth in the care of the Ministry of Children & Family Development?

- Yes
- No

If “Yes” to the above question:

- In Care - Permanent
- In Care - Temporary

Emergency Contact Information

Name: _____
First *Last*

Relationship to Youth: _____

Phone Number: _____

Work Phone Number: _____

Email: _____

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper. The answers to these questions will aid us in matching your youth with a mentor.

1. Please list the youth’s special interests and hobbies (*please be as descriptive and include as many activities as possible, ie. baking, crafts, chess, basketball, painting, pop music, etc.*):

2. To help set the youth up for success, please share any special considerations, needs, behavioural issues, mental health issues, developmental disabilities or other background information:

3. Are there any religious or cultural preferences we should take into consideration?

4. Is there any other information you would like us to be aware of?:

Parent/Guardian/Caregiver/Social Worker Signature

Date