



**Application Questions:**

1. Why do you/your child want to participate in AIM?
2. What kinds of experiences do you hope AIM will provide?
3. Is your child able to participate in activities and programs 3-4 times per month? Are there any scheduling issues you foresee?
4. Please describe your child's school performance including grades, homework, attendance, behaviors, etc.
5. Please describe your child's friendships and social circle.
6. Is your child currently having struggles at school or at home?
7. Has your child experienced any traumatic events? (Death in the family, abuse, divorce) Please describe?
8. Is there other information that AIM should be aware of?

## **Medical History**

Does your child have any physical problems or limitations?

Is your child receiving treatment for any medical issues?

Is your child on any medication? If yes, please explain.

Does your child have any allergies or adverse reactions to medications? If yes, please explain.

Does your child have any emotional issues or problems that you are aware of?

Is your child currently seeing a therapist?

### **Please read this carefully before signing:**

AIM is thankful that you and your child have an interest in joining our program. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their child to participate in the AIM program. We will also use this information to appropriately develop programming for the AIM group, and work to foster mentee/mentor relationships. All applications are confidential, and will only be shared with AIM program staff and a matched mentor.

We will review this application and contact you to let you know if your child will be accepted into the program.

### **Please initial each of the following:**

\_\_\_\_\_ I give my informed consent and permission for my child to participate in the AIM Program and related Lewiston Recreation 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.

\_\_\_\_\_ (Optional) I agree to allow AIM and Lewiston Recreation to use photographic images of my child taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand that I must return all of the following completed items along with this application. Failure to do so will result in a delay in application processing.

- Contact and Information Release Form
- Interest Survey Form

- Lewiston Recreation Department Waiver

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