

# Mentor Mom YOUNG MOM APPLICATION

## Applicant Information (All information is confidential)

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Street City State Zip*

Mail Address: (if different than above) \_\_\_\_\_  
*Street City State Zip*

Workplace: \_\_\_\_\_ Can we contact you work? \_\_\_\_\_

School: \_\_\_\_\_ Grade/Year: \_\_\_\_\_

Race: \_\_\_\_\_ Religion: \_\_\_\_\_

## Child(ren) Information

Name \_\_\_\_\_ Age : \_\_\_\_\_

Name \_\_\_\_\_ Age : \_\_\_\_\_

Name \_\_\_\_\_ Age : \_\_\_\_\_

Are you currently pregnant? \_\_\_\_\_ Due Date: \_\_\_\_\_

## Other Information

Who do you live with? \_\_\_\_\_

Who should be contacted in case of emergency? \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about the Mentor Mom Program? \_\_\_\_\_

Why do you want a Mentor Mom? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Parent/Guardian Information (If under 18 years old)

Have you told your parent(s)/guardian that you want to be part of the Mentor Mom Program? \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date