

*9-1-1 for Kids and Kathy Ireland's Mentor Program for Single Teen Mothers
Teen Mother Application*

The Kathy Ireland Mentor Tea for Teen Mothers is celebrating its 15th year and we would like you to be a part of it. The purpose of this event is to match up each teen mother with a mentor who can help guide you, offer support, counsel, and encourage you through trying times in your life. A mentor is a person who is there for you and wants to help you define and achieve your goals. We understand that situations in your life do not always go as planned and so our mentor program is designed to give you valuable tools to help you get through life. The kick-off event is Saturday, August 25, 2007 and will include gifts for you and your baby, a fashion show, breakfast, luncheon, guest speakers and workshops that will go over issues such as pre and post natal care, healthy parenting, domestic violence protection, and workforce readiness. The goal of this event is to remind you that you are not alone and that there is a bright future out there for you and your child. If you are interested in attending this event and continuing a relationship with a mentor, please fill out the following application. Please return your application, along with a picture of yourself, to your counselor or to our offices, no later than **August 17, 2007**.

YOUR CONTACT INFORMATION (Please print and fill out the form completely)

First Name: _____		Last Name: _____	
Group Home/School/Organization: _____			
Counselor/Contact: _____		Relationship to you: _____	
Mailing Address: _____			
City: _____	St: <u>CA</u>	Zip: _____	E-mail: _____
Phone: () _____		/ Fax: () _____	
		/ Other: () _____	

Ethnic Heritage: <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic/Latina <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian/Pacific-Islander <input type="checkbox"/> Native American			
<input type="checkbox"/> Other: _____			
Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____			
Your Birthdate: ___/___/_____	Your Age: _____	Are you Pregnant?: <input type="checkbox"/> yes / <input type="checkbox"/> no	How many Months?: _____
No. Children: _____ Name(s) & Age(s): _____			

APPAREL & FOOTWEAR INFORMATION

Height: ___ft. - ___ inches		Weight: ___lbs.		Hair Color: _____		Eye Color: <input type="checkbox"/> Blk <input type="checkbox"/> Brn <input type="checkbox"/> Hazel <input type="checkbox"/> Grn. <input type="checkbox"/> Blue	
Your Body Measurements: Bust: ___inches / Waist: ___inches / Hips: ___inches							
Dress size: _____		Blouse size: _____		Top size: __XS __Sm __Med __Lrg __XL __XXL		Other: _____	
Shoe Size: _____		Panty Hose: _____		Pant size: _____		Skirt Size: _____	
Favorite Colors: _____				Least Favorite Colors: _____			
Favorite Apparel: __Jeans / __Slacks / __Long Skirt / __Mid-length skirt / __Short Skirt / __Knee-length shorts / __Shorts / __Teeshirt __Blouse / __Long-sleeved top / __Sweatshirt / __Leggings / __Jacket-Coat / __ Long Dress / __Short Dress							
Favorite Fabric: __Double-knit / __Cotton / __Wool / __ Other:_____				Least Favorite: _____			

PRESENT LIVING SITUATION

<input type="checkbox"/> Single Parent <input type="checkbox"/> Two-Parent Family <input type="checkbox"/> Guardian <input type="checkbox"/> Group Home <input type="checkbox"/> Foster Care <input type="checkbox"/> Homeless <input type="checkbox"/> Emancipated Minor

EDUCATIONAL HISTORY

<input type="checkbox"/> Currently enrolled in school <input type="checkbox"/> Obtained GED <input type="checkbox"/> Leave of absence <input type="checkbox"/> Dropped Out <input type="checkbox"/> Other: _____
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Kathy Ireland Mentor Program

Name: _____ Date Completed: _____

INFORMATION ABOUT YOU

Interests & Hobbies: _____

Skills & Abilities: _____

Achievements: _____

Your Future Goals: _____

Goals for your child: _____

WHY YOU WOULD LIKE A MENTEE?

Please write a brief paragraph explaining what you hope to gain from having a mentor and what you hope to learn by attending the Kathy Ireland Mentor Program for Single Teen Mothers.

Don't forget to include a picture of yourself with your name written on the back

Please return this form via fax to: 714-894-5424

or

mail it to

2007 Kathy Ireland Mentor Tea

14340 Bolsa Chica Road, Suite C., Westminster, CA 92683

Deadline for Applications: August 17, 2007

Questions: 714-894-5450, email: nicole911forkids@aol.com