

Family or Individual Mentee Profile Sheet

Name(s): _____

Address Where Family Resides (or will upon release, if an offender) _____

City: _____ State: _____ Zip _____

Phone: _____ Referred by _____

() Male () Female Ethnicity _____

Register or Correctional Number _____ Length of incarceration _____

Name of Confinement Center _____ Projected Date of Release _____

Is this your first conviction? ___ 2nd? ___ 3rd? ___

Are you an immediate family member of an offender? _____ If so, relationship _____

What was your offense or that of your family member? _____

Do you (or your family member) have community supervision following your release? _____

Do you feel that you were rightfully convicted for what you did? _____

Marketable skills: _____ **Education:** High school Diploma () Completed some college ()

Were you or your family member employed prior to conviction? _____ If so, where? _____

Is it possible that you may owe child support? _____ No. of minor children _____

Why do you feel you should be accepted into this program? _____

Do you currently have a mentor? _____ Name of Mentor Assigned _____

Mailing Address of Mentor _____

Telephone of Mentor _____ Email Address _____

I certify that I/we (authorized member of family) am voluntarily participating in this program and agree to work with a mentor throughout my participation and abide by all rules. I will participate in the offender orientation program as instructed.

Signature _____ **Date** _____