DATE:_____/_____/_____

Clay County Pals

P.O Box 601 ◆ Spencer, Iowa 51301

Child Applicant Information

Child's Name:_____

Date of Birth: _____/_____/_____ Sex: ❑ Male ❑ Female

Address:_____

City:_____State:_____Zip Code:_____Phone Number:_____

Email address:_____

Grade in School:_____ School Attending:_____

Is your child on regular medication? ❑ YES ❑ NO For what purpose? _____

_____

Are there any medical restrictions on your child's activities? _____

_____

Is your child in counseling at present? ❑ YES ❑ NO Previously in counseling? ❑ YES ❑ NO

Please list the agencies, programs or services your child and family are now involved:

_____ _____

_____ _____

Name of Family Doctor:_____

Name of health and accident insurance company:_____

Family:

Mother's Name:_____Occupation: _____
Father's Name:_____Occupation: _____
Parents' marital status:_____
Location of non-custodial parent: _____

Brothers or Sisters: *(Name, Age and Grade)*

_____ _____

_____ _____

Child's Special Interests:

_____ _____

_____ _____

Referred by: _____

Reason for referral:_____

_____

Parent/Guardian's Signature

Clay County Pals

P.O Box 601 ◆ Spencer, Iowa 51301

Parent Interview

1. Why would you like a PAL for your child?

2. Describe your relationship with your child?

3. How does your child get along with his siblings?

4. How does your child get along with other children?

   Is he/she a: Leader? ❑ Follower? ❑ Loner? ❑ Other ❑ (explain) _____

5. How does your child feel about school?

6. Has your child been truant or suspended from school?

7. Is your child in special classes?

8. Are there any religious restrictions on your child's activities?

9. What are your child's special interests or talent? How does he/she enjoy spending his/her free time?

10. Have there been any recent changes in your family structure or situation? Are any changes expected in the near future?

11. If your family has been broken up through separation, divorce or death, how has it affected your child?

12. How often does your child have contact with the absent parent? Describe their relationship?

13. Will your other children be affected if this child has an adult PAL? How will you handle?

14. Does your child spend all or part of the summer out of town?

15. Are there any days your child could not meet with the adult PAL?

16. What additional agencies or organizations have your family or child been involved within the community?

Clay County Pals

P.O Box 601 ◆ Spencer, Iowa 51301

Parental and Child/Adult Pal Permission Form

We, the child asking to be matched with an adult Pal, and the child's custodial parent, give permission for the child to participate in the Clay County Pals Program. We are willing to cooperate with the adult Pal in developing a good relationship.

We know and acknowledge that the adult Pals are volunteers in the community and that the Clay County Pals Program is a non-profit organization with volunteer directors.

By our signature below, we acknowledge that the coordinators of the program interview the volunteers and obtain a completed application form from any prospective adult Pal, but that no extensive background investigation is undertake on each volunteer. We acknowledge that the Clay County PALS Program itself does NOT carry any health, car, accident or liability insurance that would cover the child or the volunteer and that the program does not require that each adult PAL carry such insurance. We are aware that if we are concerned about your child being a passenger in a car owned or operated by the adult PAL, will either check to make sure that our insurance would cover the child if involved in an accident or we will make sure that the adult Pals has insurance that would provide coverage. We fully understand and agree that Clay County Pals, its officers, directors, coordinators and individual participants shall in no event be liable or responsible for any loss, injury or damage sustained by reason of participation in the Clay County PALS Program.

I, the Participant (child), express my desire to be involved in the Clay County Pals Program and to share ideas and experiences with an adult Pal.

_____

Signature of Adult Participant OR Child

We recognize that from time to time, the Clay County Pals Program may involve media, with pictures taken of participants. This also includes publication on our website. Below, we indicate our wish concerning the use of the child's picture and name for such publicity.

- ❑ YES. Publicity is okay.
- ❑ NO. Please do not identify the child's name in the newspaper, radio or other social media.

I, the custodial parent of the participant, give my permission for my child to participate in the Clay County Pals Program. I understand that it is a one-to-one mentor relationship between my child and a member of the Clay County community. I understand that the Clay County Pals Program does not carry health, accident or liability insurance that would cover my child of the adult Pal.

_____

Signature of Custodial Parent

_____

Date

Clay County Pals

P.O Box 601 ◆ Spencer, Iowa 51301

Applicant Interest Questionnaire

**Please check the things your child would enjoy participating:*

- ❑ baseball
- ❑ basketball
- ❑ football
- ❑ racquetball
- ❑ soccer
- ❑ softball
- ❑ tennis
- ❑ biking
- ❑ running
- ❑ hiking
- ❑ dancing
- ❑ camping
- ❑ boating
- ❑ swimming
- ❑ water skiing
- ❑ fishing
- ❑ hunting
- ❑ archery
- ❑ golf
- ❑ mini-golf
- ❑ snow skiing
- ❑ snow shoeing
- ❑ tubing
- ❑ ice skating
- ❑ roller skating
- ❑ bowling
- ❑ Taekwondo
- ❑ skate boarding
- ❑ sporting events
- ❑ car races
- ❑ rodeos
- ❑ zoos
- ❑ concerts
- ❑ video games
- ❑ board games
- ❑ playing cards
- ❑ computers
- ❑ collections
- ❑ exploring nature
- ❑ history
- ❑ science
- ❑ chemistry
- ❑ astronomy
- ❑ electronics
- ❑ motors/cars
- ❑ models
- ❑ woodwork
- ❑ sewing
- ❑ needlework
- ❑ ceramics
- ❑ crafts
- ❑ drawing/art
- ❑ photography
- ❑ cooking
- ❑ gardening
- ❑ animals
- ❑ shopping
- ❑ reading
- ❑ go carting
- ❑ sightseeing
- ❑ crafting
- ❑ farming
- ❑ plays
- ❑ movies
- ❑ museums
- ❑ fairs

Clay County Pals

P.O Box 601 ◆ Spencer, Iowa 51301

Parent Guidelines

1. Support the PAL relationship by encouraging your youngster to do his/her part in establishing a good friendship. (Examples: keeping dates, showing appreciation and behavior which leads to enjoyable meetings.)
2. Be aware that the relationship may need time to develop.
3. The adult PAL is simply a friend and role model. Do not expect them to assume the role of a trained professional or counselor. The Adult PAL is should not take the place of a parent.
4. Please don't discuss negative things about your child with the Adult PAL in the presence of your child. If there is something the Adult PAL should know, please call him/her when child isn't present.
5. Remember that the relationship is between your child and the Adult PAL. **Please do not invite siblings, friends or you to be included in the outings.**
6. Please do not involve the PAL in family matters for which the parent should be responsible.
7. The Adult PAL is not expected to spend money except for basic activities. Please help your child to understand this.
8. As the Adult Pal will be telling you when he/she will be returning your child, MAKE A POINT TO BE HOME upon their return. Always remember that the PAL is not a babysitter.
9. An occasional phone call from your child to the Adult Pal is appreciated, but should not be abused. **The adult mentor should initiate the activities.**
10. If there is something about the relationship that concerns you, get in touch with the coordinator immediately. This includes contact that becomes infrequent.
11. Please let the Adult PAL know on occasion that his/her interest in your child is appreciated!

Thank you for your part in making this PAL relationship work!

Clay County Pals Coordinator
Susan Christensen
P.O. Box 601
Spencer, IA 51301
712.260.1595
Email: pals.susanchristensen@gmail.com
Website: claycountypals.com