

**Guiding Light Mentoring Program**  
 Request for Approval of  
 Mentoring Care/Alternate Caregiver  
 (care for less the 24 hours)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Number: \_\_\_\_\_ Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Intended use of mentor (daily, as needed, etc...): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Mentor's experience with children: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Foster Caregiver 1 (Print Name) Foster Caregiver 1 (Signature) Date

\_\_\_\_\_  
 Foster Caregiver 2 (Print Name) Foster Caregiver 2 (Signature) Date

\_\_\_\_\_  
 Mentor (Print Name) Mentor (Signature) Date

For Office Use Only:

<b>Approved to mentor foster youth: YES or NO</b>		
Approved mentor with Children's Lantern	YES or NO	Date: _____
BCI received (must be on file to be approved)	YES or NO	Date: _____
FBI received (must be on file to be approved)	YES or NO	Date: _____
Drivers License on file (must be on file to transport)	N/A, YES or NO	Date: _____
Car Insurance on file (must be on file to transport)	N/A, YES or NO	Date: _____
_____ Foster Care Consultant/Caseworker		Date
_____ Foster Care Manager		Date