



# Power Partner Program

One on One Mentoring | ages 9-21





# Overview

We are MENTORS who understand the LOVE & ambition parents feel for their children! As your child ages, you may identify needs for a positive sense of community around them. As youth development professionals, we are skilled in navigating normal to challenging adolescent behaviors. Our ultimate desire is for youth to feel empowered to thrive; Ultimately unifying your family.



# The Founder

At one point of my life I was a struggling student that lacked respect & had a minimal sense of drive and direction. I felt burdened by responsibility but not inspired to reach goals. I understand unsaid battles that youth & teens fight. With 13 years of professional experience & spiritual insight, I've learned how to empower youth to level the giants in their life & harness the power of self discovery.





# Testimonials



“Truthfully, I cant even limit you to just being a mentor. Theres so much you do that's not under the mentor category...Its gonna feel like he wants it more than you sometimes...If I can use one word to describe him as a mentor I would say he's not a mentor he's more like a father figure.”



“Mr. Wil as a mentor, he's the best thing you can ever have. It was times when I was down & going through a lot, he was right there.... He can just be anything, he doesn't even have to just be a mentor..ya'll really need a man like him in yall life.”



“He's a good mentor because when I was a youngin he was the one hlep[er]ing me for real. I appreciate Mr. Will. Alot of things he did that he didnt have to do.”

“Inspiring the drive to thrive”



# Our Mentors



**William Howard**

- 13 years of experience between the Harford County Public School system & various youth agencies & non-profits.



**Calvon Bowden**

- 5 years of youth development experience.
- IT graduate
- Professional Track athlete.



**Max Service**

- 5 years of community engagement & youth development experience.
- Owner of Sweet Kings Catering.

## Are here for you!





## WillPower | Power Partners | Mentorship Packet

WillPower is a youth empowerment company that specializes in character development & mentorship for young men ages 9- 21. Through relationship building, targeted discussions, immersive experiences, we cultivate a generation of confident & resilient individuals that learn to harness the power of self-discovery. We are excited to serve your family & empower your child. Know that we are mentors for life!

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### Section I

#### Parent Information:

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

Parents cell Phone \_\_\_\_\_ OK to text? ☐ Yes ☐ No

Parent Email: \_\_\_\_\_

#### Youth (client) Information:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Preferred Name/Nick Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Pronouns: \_\_\_\_\_

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

Name of school: \_\_\_\_\_ Grade (or last completed): \_\_\_\_\_

Does your youth have an Individualized Educational Program (IEP) in place?: ☐ Yes ☐ No

If yes, please provide any specific accommodations that are important for us to know:

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**Race (circle at least one):** Black/African | American White/Caucasian | American Indian/Alaskan Native | Asian | Native Hawaiian/Pacific Islander | Hispanic/Latino |

#### Health & MEDICAL INSURANCE INFORMATION:

Please list any special health concerns or accommodations we should be aware of?

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Does the client take any medication? ☐ Yes (if yes, please list which kind) ☐ No.

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Does the client have any allergies?: ☐ Yes (if yes, please list which kind) ☐ No.

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Are you interested in your child being receiving therapy? ☐ Yes ☐ No

**Primary Medical Insurance Provider:** \_\_\_\_\_

Is the Insurance plan currently active? ☐ Yes ☐ No | Is this ☐ STATE or ☐ PRIVATE insurance?



## Section II

### CLIENT INTEREST & DISCOVERY

Does your youth currently participate in another program?: \_\_\_\_\_

What hobbies or interests does your youth have?:

\_\_\_\_\_

Are you & your youth currently working towards any goals together? If so, what are they?

\_\_\_\_\_

Does your youth have any trauma related triggers?:

\_\_\_\_\_

What are your hopes for your child joining this program?:

\_\_\_\_\_

\_\_\_\_\_

Has your youth been in legal trouble before? ☐ Yes? (If yes, please explain) ☐ No

\_\_\_\_\_

\_\_\_\_\_

## Section III

Instructions: Please rate the following statements about your child on a scale of 1 to 5, with 1 being the lowest/least applicable and 5 being the highest/most applicable.

**1. My child is confident and has good self-esteem.**

5 4 3 2 1

**2. My child takes responsibility for their actions.**

5 4 3 2 1

**3. My child is respectful toward authority figures (teachers, coaches, mentors, etc.).**

5 4 3 2 1

**4. My child manages their emotions well when faced with challenges.**

5 4 3 2 1

**5. My child responds positively to guidance and correction.**

5 4 3 2 1





**6. My child is self-motivated and takes initiative without being told.**

5 4 3 2 1

**7. My child demonstrates leadership qualities among peers.**

5 4 3 2 1

**8. My child is able to express frustration in a healthy and productive way.**

5 4 3 2 1

**9. My child builds and maintains positive relationships with peers.**

5 4 3 2 1



## **Mentorship Agreement**

This Mentorship Agreement ("Agreement") is entered into by and between WillPower, a mentorship company ("Mentorship Company"), and the undersigned parental guardian ("Parent/Guardian") and their child ("Youth Client"). The purpose of this Agreement is to outline the terms and conditions under which the Mentorship Company will provide mentorship services to the Youth Client.

### **1. Purpose**

The purpose of this Agreement is to define the roles, responsibilities, and expectations of all parties involved in the mentorship program provided by WillPower. The goal of the program is to offer guidance, support, and development opportunities to the Youth Client to foster personal and academic growth.

### **2. Parent/Guardian Responsibilities**

The Parent/Guardian agrees to:

- Support and encourage the Youth Client's participation in the mentorship program.
- Ensure that the Youth Client attends scheduled mentoring sessions and participates actively.
- Communicate openly with the Mentorship Company regarding any concerns or changes in circumstances affecting the Youth Client's participation.
- Provide accurate contact information and inform the Mentorship Company of any changes.

### **3. Youth Client Responsibilities**

The Youth Client agrees to:

- Attend all scheduled mentorship sessions and be punctual.
- Participate actively and engage in the activities and discussions led by the mentor.
- Communicate any concerns or issues with the mentor or the Mentorship Company in a timely manner.
- Respect yourself, respect staff & respect any spaces you occupy while with WillPower. Always adhere to the guidelines set forth by the Mentorship Company.

### **4. Mentor Responsibilities**

The Mentor agrees to:

- Provide guidance, support, and encouragement to the Youth Client in accordance with the goals of the mentorship program.
- Be punctual and prepared for all scheduled sessions.
- Maintain a professional and respectful demeanor during interactions with the Youth Client.
- Communicate openly with the Parent/Guardian and the Youth Client regarding progress and any concerns.





## **5. Confidentiality**

All parties agree to maintain confidentiality regarding any personal information shared during the mentorship sessions. The Mentorship Company will not disclose any information about the Youth Client or the Parent/Guardian without prior consent, except as required by law or as necessary to fulfill the objectives of the mentorship program.

## **6. Mandated Reporter**

The Mentor acknowledges that they are a mandated reporter under applicable state laws. This means that if the Mentor has reason to believe that the Youth Client is being abused, neglected, or otherwise harmed, the Mentor is required by law to report such suspicions to the appropriate authorities. The Mentor will follow all legal requirements related to reporting and will inform the Parent/Guardian of any such reports as soon as possible, in accordance with legal guidelines.

## **7. Vehicle Transportation Consent**

The Parent/Guardian consents to the Youth Client riding in the personal vehicle of a *licensed & insured* mentor as it relates to any task, event or activity connected to the mentorship program. The Parent/Guardian acknowledges that the Mentorship Company and its mentors are not liable for any accidents or incidents that may occur during transportation.

## **8. Media Release Consent**

The Parent/Guardian grants permission for the Youth Client's likeness, including but not limited to photographs, videos, and other media, to be used in official promotional content of WillPower. This includes marketing materials, social media, and the company's website. The Parent/Guardian understands that such use is for the purpose of promoting the Mentorship Company and its programs only.

## **9. Non-Responsibility for Lost or Stolen Items**

The Mentorship Company will not be responsible for any personal items that are lost, stolen, or damaged while the Youth Client is participating in any WillPower programs or activities. It is the responsibility of the Parent/Guardian and Youth Client to ensure that all personal items are secured and accounted for. The Mentorship Company does not provide insurance or coverage for personal belongings.

## **10. Termination of Agreement**

Either party may terminate this Agreement at any point with written notice. In the event of termination, any outstanding fees will be prorated based on the number of days the services were provided in the current billing cycle. Immediate termination may occur if there is a breach of this Agreement or if continued participation is deemed not in the best interest of the Youth Client.



## 11. Payment for Services

The Parent/Guardian agrees to pay a monthly fee of \$75 for the mentorship services provided by WillPower. Parent/Guardian will be invoiced & payment will be required digitally. Failure to make timely payments may result in suspension or termination of the mentorship services.

## 12. Consent

**I have read & understand the terms of the agreement & give consent to my child's participation in the WILLPOWER program.**

- ☐ ☐ Yes
- ☐ ☐ No

**I consent to the collection and use of my child's personal information, including health information, for safety and program management ONLY.**

- ☐ ☐ Yes
- ☐ ☐ No

**I give media release consent for my child to appear in promotional content for the WILLPOWER brand.**

- ☐ ☐ Yes
- ☐ ☐ No

**I give consent for my child to ride in the personal vehicle of a WillPower designated mentor**

- ☐ ☐ Yes
- ☐ ☐ No

**I understand that WillPower Enterprises is not responsible for lost or stolen personal items.**

- ☐ ☐ Yes
- ☐ ☐ No

**I agree & adhere to the guidelines and rules set forth by the organization and understand that any behavioral issues may result in a review of the youth's participation in the program.**

- ☐ ☐ Yes
- ☐ ☐ No





**I agree to pay a monthly payment of \$75 to WillPower Enterprises due every 30 days.**

- ☐ ☐ Yes
- ☐ ☐ No

**Parent or Legal Guardian**

**Print Name :** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Youth Client**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**WillPower Assigned Mentor:**

**Print:** \_\_\_\_\_

**Signature:** \_\_\_\_\_