

Thank you for your interest in **Kingdom Girls, Inc.** Our program coordinates a small group relationship for young girls, to provide them support needed to succeed. **Kingdom Girls, Inc.** provides girls, ages 7-13 with adult/young adult mentors who can be available to them at least one hour per week. The Mentor's job is to help the young person define individual goals and find ways to achieve those goals. Since the expectations of each girl will vary, the job of the mentor is to encourage the positive development of the young girls. By sharing fun activities and conversation, a mentor encourages positive choices, promotes high self-esteem. Some of our mentors will be responsible for a group of 2-3 girls.



All mentors complete a formal training, undergo a criminal background check and are CPR/First Aid certified before they are allowed to work with the girls. In order for your daughter to be considered for this opportunity, **Kingdom Girls, Inc.** would like you to complete the attached Mentee/Registration Application and return it to the point of contact listed below.

If you need further assistance please contact, Olufolake Ogunyemi, Kingdom Girls, Inc. Executive Director. (P) 301-246-2419 (E) kingdomgirlsrise@gmail.com.

Kingdom Girls, Inc. Mentee Application

****To be completed by the Parent/Guardian****



Kingdom Girls, Inc.
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Personal Information

Youth's Name: _____

Age: _____

Date of Birth: ___/___/___

Address: _____

Street State Zip Code

Parent/Guardian Name: _____

Email: _____

Relationship to applicant: Mother () Father () Other, specify: _____

Home #: (____) _____ Work #: (____) _____

Alternate/Cell #: (____) _____

Number of Siblings: ____ (Male(s) ____ Ages ____) (Female(s) ____ Ages ____)

Ethnicity: () White () Hispanic () African American () Asian () Other _____

Name of School: _____ Grade: _____ Average GPA or Letter grade: _____

Emergency Contact Information (In the event that a parent/guardian cannot be reached, please list person(s) to contact in case of an emergency)

(____) _____ Name Relationship to applicant Phone

(____) _____ Name Relationship to applicant Phone:

To be completed by the mentoring organization: Agency Name: **Kingdom Girls, Inc.**

Mentor Name: _____ Date Assigned: ___/___/___

Application Questions (Parent/Guardian and child, please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper.)

1. Why do you want to participate in Kingdom Girls, Inc.?

2. Briefly describe your expectations of Kingdom Girls, Inc.

3. Is your child available to meet/talk with a mentor for at least one hour a week/four hours per month? Please explain any particular scheduling issues.

4. Describe your child's school performance, including grades, homework, attendance, behavior, etc:

5. Does your child have friends? Please describe her friendships.

6. Is your child currently having any behavioral or social problems at home, school and/or community? If so, please provide information that may be helpful for us to know as we work with your child.

7. Is your child currently dealing with any traumatic events (i.e. death in the family, abuse, divorce)? If yes, please describe in details.

8. Can you provide any additional background information that may be helpful in matching your daughter with an appropriate mentor?

Mentee Interest Survey **To be Completed by Youth**

This survey will help us know more about the child and her interests and help us find a good match. All mentees/mentors meet/talk 1 hour per week and have weekly contact.

What are the most convenient times for you to meet with your mentor? Please check all that apply. Weekdays: ____ Lunchtime: ____ After school: ____ Evenings: ____ Weekends: ____ Other: ____ Do you speak any languages other than English? If so, which languages?

What are some favorite things you like to do with other people?

What are your favorite subjects in school?

If you could learn about a job/career, what would it be?

What are your favorite subjects to read about?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday

Please circle all activities you are interested in: Biking Camping Science Cooking Library Sewing Hiking Boating Music Sports Yoga Church Golf Swimming Parks Movies Fishing Animals Reading Board Games Shopping Gardening List any other areas of special interest:

Mentee Medical History

Name of Primary Care Physician: _____ Phone No: (_____)_____

Medical Insurance Provider: _____ Policy Number: _____

Insurance Provider's Phone No. : (_____)_____

Does your daughter have any physical problems or limitations? ()No ()Yes If yes, please describe them:

Is your daughter currently receiving treatment for any medical condition or other challenges? ()No ()Yes If yes, please explain:

Is she currently on any type of medication? ()No ()Yes If yes, please explain:

Does your daughter have any known allergies or adverse reactions to medications? ()No ()Yes If yes, please explain:

Are there any other medical challenges or limitations that we need to know about? ()No ()Yes If yes, please explain:

Does your daughter have any emotional issues or problems right now? ()No ()Yes If yes, please explain:

Is your daughter currently seeing a counselor or therapist? ()No ()Yes If yes, please explain:

Mentee Permission and Release Form *To be completed by the Parent/Guardian*****

Kingdom Girls, Inc. appreciates you and your daughter's interest in her becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their daughter to participate in **Kingdom Girls, Inc.**. The information you provide in this application packet helps us match your daughter with an appropriate mentor. As part of our pairing process, we do not reveal names until there is an initial interest from the mentee, parent/guardian, and mentor based first upon anonymous information provided about each other.

Please initial each of the following:

___ I give my informed consent and permission for my child to participate in the **Kingdom Girls Inc.** and its related activities.

___ I agree to have my child follow all **Kingdom Girls, Inc.** guidelines and understand that any violation on my child's part may result in suspension and/or termination of the mentoring relationship.

___ I hereby acknowledge that my child will be not be transported by her mentor or **Kingdom Girls Inc.** staff/representatives while participating in **Kingdom Girls, Inc.** unless otherwise authorized by text/email/in writing by a parent/guardian. I am aware that such transportation is voluntary and at my families own risk.

___ I release **Kingdom Girls, Inc.** staff or its representatives of all liability of injury, death, or other damage to me, my child, family, estate, or heirs that may result from her participation in the **Kingdom Girls, Inc.**, including but not limited to transportation, and hold harmless any **Kingdom Girls, Inc.** mentor, project staff, or its representatives, both collectively and individually, of any injury, physical or emotional.

___ I agree to allow **Kingdom Girls, Inc.** to use any photographic image or name of my child taken while participating **Kingdom Girls, Inc.**. These images may be used in promotions or other related marketing materials. I understand I must return all of the following completed items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Contact and Information Release Form
- Mentee Interest Survey Form

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Parent/Guardian Signature _____ Date _____

Mentee Contact and Information Release *To be completed by the Parent/Guardian*****

Youth's Name: _____ Date of Birth: ___/___/___

School: _____ Grade: _____

I hereby grant permission for ***Kingdom Girls, Inc.*** to make contact with my child and conduct a personal interview for the purpose of applying to be a mentee. I understand that basic information about my child will be anonymously (without names) shared with a prospective mentor(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, myself, my child's identity, and other relevant information will be shared with the mentor to the extent that it aids in facilitating a successful match.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Please print): _____