



Mentee Application

(To be Completed by the Parent/Guardian)

NOTE: Please mail your completed applications to: P.O. Box 2307 Spotsylvania, VA 22553

Or email: jaronhalt@youthofpromise.com

We appreciate your interest in allowing us to be apart of your village. The information in this application will help us to match your youth with a mentor and it will be kept confidential.

Personal Information

Youth's Name: _____ Date: _____

Parent/Guardian Name: _____

Relationship to Youth: Mother Father Other, specify: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Date of Birth: ___/___/___ Age: _____ Gender: Male Female

Ethnicity: White Hispanic African American Asian Other: _____

Name of School: _____ Grade: _____

Emergency Contact Name: _____ Phone Number: _____

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you/your child want to participate in a mentoring program?
2. Briefly describe your expectations for Youth of Promise:
3. Is your child available to meet with a mentor eight to sixteen hours per month and have contact at least once a week for a minimum of one year? Please explain any particular scheduling issues.
4. Would you prefer that your child participate in group, individual mentoring, or both?
5. Describe your child's school performance including grades, homework, attendance, behaviors, etc.
6. Does your child have friends? Please describe his/her friendships.
7. Is your child currently having any problems either at home or school?
8. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.
9. Can you provide any additional background information that may be helpful to Youth of Promise matching your son/daughter with an appropriate mentor?

Medical History

Name of Primary Care Physician: _____ Phone No.: _____

Medical Insurance Provider: _____

Policy Number: _____ Phone No.: _____

Does your son/daughter have any physical problems or limitations?

Is your son/daughter currently receiving treatment for any medical issues?

Is he/she currently on any type of medication? If so, please specify.

Does your son/daughter have any known allergies or adverse reactions to medications? If yes, please describe them below:

Does your son/daughter have any emotional issues or problems right now?

Is your son or daughter currently seeing a counselor or therapist?

Therapist's Name: _____

Please read this carefully before signing

Youth of Promise appreciates you and your child's interest in his/her becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their son/daughter to participate in Youth of Promise.

After receiving this completed application from you, we will evaluate the information and send you a letter letting you know if your child has been accepted into the mentoring program. Much of the information you supply in this application packet will be used to match your child with an appropriate mentor. Therefore, the mentoring staff may, at times, need to access and share this information with prospective mentors and other parties when it is in the best interest of the match. However, 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 Youth of Promise and its related activities.

_____ I agree to have my child follow all mentoring program 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 transported by his/her mentor and/or Youth of Promise staff or representatives while participating in Youth of Promise, and that such transportation is voluntary and at his/her own risk.

_____ I release Youth of Promise of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any Youth of Promise mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ I give my permission for my child's name, likeness and speech in any audiotape, videotape, film or photograph made at any Youth of Promise activities for public relations or fundraising purposes of Youth of Promise Mentoring. I also give consent for any printed materials, artwork, stories, or quotes from my child to be used for public relations or fundraising purposes

_____ I hereby give consent for the Youth of Promise Mentor Coordinator, Mentor or staff to obtain appropriate emergency medical or dental attention for my child, if such attention is required while I am unavailable or unable to be contacted.

_____ I give my permission for Youth of Promise Mentor Coordinator or staff to share and access information with other agencies and professional persons working with my child, including but not limited to, psychological, medical, and school/educational information, including grades, test results and attendance.

_____ I agree to allow Youth of Promise to transport my children to I give my permission to the Youth of Promise mentor and/or Mentor Coordinator or staff to visit, pick up, or transport my child for activities and events.

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 this application being processed:

- Contact and Information Release Form
- Interest Survey Form

I understand that my child will be participating in various one-to-one or group activities with a volunteer mentor, and that he/she will be under that volunteer's supervision during those activities. I release Youth of Promise, its officers, agents, employees and volunteers from any and all liability, claims, demands or causes of action whatsoever that I may have as Parent/Guardian of this youth, for damage, loss or injury to him/her which may occur while participating in any of the activities contemplated by this Agreement, whether caused by the negligence of Youth of Promise, its officers, agents, servants, or employees, or by the negligence of the Youth of Promise volunteer, or otherwise. I understand that my child's participation in Youth of Promise Mentoring sponsored activities and specific activities with his/her mentor is voluntary. By my signature below, I hereby acknowledge that I have read and understand this document and the items contained therein, and that I have received a copy of this document for my records.

Parent/Guardian Signature

Date

Contact and Information Release
(To Be Completed by the Parent/Guardian)

Youth's Name: _____ Date: _____

School: _____

I hereby grant permission for Youth of Promise to make contact with my child and conduct a personal interview for the purposes of applying to be a mentee. Youth of Promise may also make contact with my child on school premises for the purposes of screening and interviewing as well as ongoing support of his/her participation in the mentoring program.

I authorize Youth of Promise to obtain any needed information regarding my child from his/her school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff.

Further, 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, my and my child's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

Parent/Guardian Signature

Date

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mentee Interest Survey

(To Be Completed by Youth)

Please complete all the following. This survey will help Youth of Promise know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentor? 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 check all activities you are interested in:

- | | | | | |
|----------------------------------|---------------------------------------|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Biking | <input type="checkbox"/> Camping | <input type="checkbox"/> Science | <input type="checkbox"/> Cooking | <input type="checkbox"/> Library |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Boating | <input type="checkbox"/> Music | <input type="checkbox"/> Sports | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming | <input type="checkbox"/> Gardening | <input type="checkbox"/> Parks | <input type="checkbox"/> Movies |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Animals/Pets | <input type="checkbox"/> Painting/Photos | <input type="checkbox"/> Board Games | <input type="checkbox"/> Shopping |

List any other areas of special interest:

Parent/Guardian Contract

Name: _____ Date: _____

By allowing my son/daughter to participate in Youth of Promise, I agree to:

- Allow my child to participate in the Youth of Promise Mentoring Program and to be matched with a Youth of Promise mentor
- Follow and encourage my child to follow all rules and guidelines as outlined by the program coordinator, mentee training, program policies, and this contract
- Support my child in this match by allowing him to meet with his mentor at least eight to sixteen hours per month and have weekly contact with him/her for one year
- Support my child being on time for scheduled meetings or have him/her call the mentor at least 24 hours beforehand if unable to make a meeting
- Regularly and openly communicate with the program coordinator as requested
- Inform the program coordinator if I observe any difficulties or have areas of concern that may arise in the match relationship
- Participate in a closure process when that time comes
- Notify the program coordinator if I have any changes in address or phone number
- Provide the program coordinator and the mentor with any updated health insurance information for my child

_____ (please initial) I understand that upon match closure, failure contract between my child and his/her mentor is beyond the scope of Youth of Promise, and can happen only by the mutual consensus of the mentor, the mentee, and myself.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program coordinator at this time or in the future.

Signature

Date

Mentee Contract

By choosing to participate in the Youth of Promise Mentoring Program, I agree to:

- Follow all rules and guidelines as outlined by the program coordinator, mentee training, program policies, and this contract
- Have a positive attitude and be respectful of my mentor
- Make a one-year commitment to being matched with my mentor
- Meet at least eight hours per month with my mentor
- Make at least weekly contact with my mentor
- Obtain parent/guardian permission for all meeting times at least three days in advance, if possible
- Be on time for scheduled meetings or call my mentor at least 24 hours beforehand if I am unable to make a meeting
- Discuss monthly meeting times and activities with the program coordinator, and regularly and openly communicate with the program coordinator as requested
- Inform the program coordinator of any difficulties or areas of concern that may arise in the relationship
- Participate in a closure process when that time comes
- Notify the program coordinator if I have any changes in address or phone number
- Attend mentee training sessions twice per year

_____ (please initial) I understand upon match closure, future contact with my mentor is beyond the scope of Youth of Promise and can happen only by the mutual consensus of the mentor, the mentee, and my parent/guardian.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program coordinator at this time or in the future.

Signature

Date

Please return application documents to: P.O. Box 2307 Spotsylvania, VA 22553 or email:

admin@youthofpromise.com

Youth of Promise

P.O. Box 2307

Spotsylvania, VA 22553