



Please note: The Mentee Application is to be completed by both the parent/guardian

Bold Futures Mentoring Project

Mentee Application

100 Festival Park Ave. Jacksonville, FL. 32202 - (904) 731-9933

GlovitaDear@girlsincjax.org

Personal Information:

Girls Inc. Member Information

Girls Inc. Member First and Last Name: _____

Address: _____

Date of Birth: _____ Grade: _____ Race: _____

School Name: _____

Age : _____

Does member attend Girls Inc. every day? _____ If not, what is her schedule? _____

Member attends Girls Inc. During the school year During the summer

Date the Girls Inc. Member can start the mentoring program? ____/____/____

Parent/Guardian Information

Parent/Guardian Name(s): _____ Relation to girl: _____

Address: _____

Email (if applicable) _____

Mobile Phone: _____

Home Phone: _____

Best way to reach you: Email Mobile Phone Home Phone

Languages spoken by parent/guardian: _____



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Mentee Interest Questionnaire

(To Be Completed by Girls Inc. Member/Mentee)

Please complete all of the following questions. This survey will help Girls Inc. find a good Mentor Match for you.

Girls Inc. Member First and Last Name: _____

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

2. What are your favorite subjects in school?

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

4. What are your favorite subjects to read about?

5. What is one goal you have set for the future?

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

7. What person do you most admire and why?

List any other areas of special interest/activities:



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Please answer the following questions as completely as possible.

If more space is needed, please use the space provided below or write on the back of this page.

Parent/Guardian Questionnaire

Girls Inc. Member First and Last Name: _____

1. Why do you want your daughter to participate in the mentoring program? What do you hope she will gain from participating?

2. Describe your child's school performance including grades, homework, attendance, behaviors, etc.:

3. Is your child currently having any problems either at home or at school?

4. Has your child experienced any traumatic events (i.e. death in the family, abuse, divorce)? If yes, please provide details.

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



Girls Inc.

Bold Futures Mentoring Project—

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Girls Inc. builds a partnership with you for the success of your mentee. YOU, the parent/guardian, is KEY to SUCCESS! Your mentee's engagement and enthusiasm ensures the success of the Bold Futures Mentoring Project.

Girls Inc. Member First and Last Name: _____

Please initial each of the following

_____ I give my informed consent and permission for my daughter to participate in the Girls Inc. Bold Futures Mentoring Project and its related activities

_____ I agree to have my daughter 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 understand that my daughter will meet with her mentor on a regular schedule for minimum of 4 hours each month.

_____ I will notify Girls Inc. 1-day in-advance if my daughter will not be at Girls Inc. on a regularly scheduled mentor day.

_____ I agree to provide my daughter's report cards as they become available.

_____ I agree to meet with my daughter's mentor at their first meeting, and with her mentor and Girls Inc. staff at least once each semester to assess academic progress.

_____ I understand that my daughter may not meet with her mentor in person outside of the Girls Inc. program.

_____ I agree to have my mentee to complete an individual Closure Form, if at any reason my mentee chooses to discontinue her participation in the Bold Futures Mentoring Project.

_____ I agree to attend a Girls Inc. Bold Futures Mentoring Project Kickoff Celebration and the Family Engagement Closure Celebration.

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

(Please print) Parent/Guardian Name

Parent/Guardian Signature

Date





Bold Futures Mentoring Project

Mentee Parent/Guardian Permission Form

Dear Parents/ Guardians,

Your child has been selected to participate in the **Girls Inc. Bold Futures Mentoring Project**. The Girls Inc. group mentoring project goal is to increase the confidence level and coping skills to in efforts to avoid violence. The group mentoring provides support in a safe environment.

Our trained volunteer mentors will meet with the participants on an average of four (4) hour a month for the entire school year. All mentoring activities will take place during Girls Inc. programming hours and will be held in a designated Girls Inc. location, an additional permission will be presented for special activities (e.g., field trip) approved by the Girls Inc. CEO/Ed and the Bold Futures Mentoring Project Coordinator.

Group mentoring has the potential to have a powerful impact on youth and supports a positive, safe and inclusive environment. Mentoring relationships create a system of support and belonging for youth. Mentoring programs can have other positive effects on the lives of mentees such as increased self-efficacy; improved social skills and behaviour; positive attitude toward peers and school; strengthened relationships with parents; and exposure to healthy coping mechanisms. Parents and guardians can support the program by talking to their children about their mentoring experiences throughout the year and the things they are learning.

By signing this permission form, you are granting permission for your girl to participate in the Girls Inc. Bold Futures Mentoring Project.

If you have any questions about the peer mentoring program, please contact Glovita Dear at GlovitaDear@girlsincjax.org OR (904) 731-9933.

Sincerely,

Glovita Dear
Program Coordinator

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I _____ grant permission for _____
(name of parent/guardian) (first and last name of participant)

to participate in the Girls Inc. Mentoring Project at **Girls Inc of Jacksonville**.

Date

Signature of parent/guardian