

Mentee Paperwork

(to be completed by parent/guardian or mentee if 18+ years old)

Personal Information

Name: _____ Date: _____

Parent/Guardian Name (if under 18): _____

Relationship to Youth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Country of Origin: _____

Length of time in the United States (or date of arrival): _____

Date of Birth: ____/____/____ Age: _____ Gender: _____

Name of School: _____ Grade: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: _____

Please list all members of your household (if more space is needed, use extra sheet of paper or write on the back of this piece of paper):

Name	Gender	Age	Relationship to Applicant

Questions (to be completed by mentee)

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.

9. *What are the best times for you to meet with your mentor? Please check all that apply.*

Weekdays: ____ Lunchtime: ____ After school: ____ Evenings: ____ Weekends: ____
Other: ____

10. *Transportation (circle one):* Own Vehicle COTA/Paid Transportation
None

11. *Preferred Contact Method (circle one):* Email Phone Text

12. *Do you have access to a device that enables you to use programs such as Zoom/Google Hangout/Facetime/etc.? (circle one)* YES NO

13. *Why do you want to participate in a mentoring program?*

14. *Describe your expectations for the Community Connectors Program:*

15. *Are you able to have contact at least once a week for a minimum of one year? (circle one)*

Yes No

16. *Is the mentee currently having any problems either at home or school?*

17. *Do you have any physical problems or limitations that may need accommodations?*

Yes No

18. Do you have any allergies? (circle one) If so, please specify.

Yes No

Allergies: _____

19. Please list the languages you speak:

20. What are your favorite things to do with other people?

21. What are your favorite subjects in school?

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

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

24. 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"/>	Politics
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Food / Cooking	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Reading	<input type="checkbox"/>	Traveling	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	TV/Movies
<input type="checkbox"/>	School	<input type="checkbox"/>	Animals/ Pets	<input type="checkbox"/>	Art/ Photography	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas of interest:

Please read this carefully before signing

The Community Connectors Program 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 the Community Connectors Program.

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 or myself (if 18+) to participate in the Community Connectors and its related activities.

_____ I agree to have my child or myself (if 18+) follow all mentoring program guidelines and understand that any violation on my child or my own (if 18+) part may result in suspension and/or termination of the mentoring relationship.

_____ I hereby acknowledge that my child or myself (if 18+) will be transported by his/her mentor and/or Community Connector's staff or representatives while participating in the Community Connectors Program, and that such transportation is voluntary and at his/her own risk.

_____ I release the Community Connectors Program 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 Community Connectors mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

Yes No I agree to allow Community Connectors to use any photographic image of my child taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials upon verbal and/or written approval of the mentee.

Yes No I agree to allow my/my child's mentor purchase items for myself/my child such as food, small gifts, etc. if the mentor desires.

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 paperwork being processed:

- Mentee Paperwork
- School Contact and Information Release
- Event & Photo Release
- Driving Policy Permission

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

Mentee (if 18+) or Parent/Guardian Signature

Date

Event & Photo Release

Consent / Release

- I, undersigned, consent to the use of my words and story, photographs, video footage and/or audio clips by Community Connectors of Community Refugee and Immigration Services, and further consent to the reproduction, use and distribution of the photos, video footage, audio clips, proof and negatives without compensation.
- I release Community Connectors of Community Refugee and Immigration Services, its agents, servants, and employees and assignees to and from any and all claims by reason of the use of said photos, video footage, audio clips, proofs and negatives any and all reproductions and distributions thereof
- All property in and to said pictures, video footage, audio clips, proofs and negatives shall belong to Community Connectors of Community Refugee and Immigration Services, its successors and assignees.
- I understand and agree that these materials will become the property of CRIS and will not be returned.
- I hereby irrevocably authorize CRIS to edit, alter, copy, exhibit, publish, or distribute this photo for purposes of publicizing CRIS' programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, where in my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.
- I hereby hold harmless and release and forever discharge CRIS from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have reason of this authorization.

Signature

Date

Driving Policy Permission

Mentee's Parent/Guardian Name (if under 18): _____

Mentee Name: _____

Mentor Name: _____

Mentee Address: _____

City _____ State _____ Zip Code _____

Mentee Cell Phone: (____) _____

Mentee's Parent/Guardian Cell Phone (____) _____

*IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, PLEASE NOTIFY:

Name _____ Relationship _____

Telephone _____

*****PERMISSION*****

BY SIGNING BELOW:

- 1. I grant permission for the student above to be driven by the mentor above*
- 2. I understand the mentor above has completed the appropriate measures to drive the student above, including submitting to a background and driving record check and providing a copy of driver's license and valid insurance.*
- 3. I understand that the mentor will follow safe driving practices by requiring all passengers to wear safety belts, putting young children in booster or car seats, not driving under the influence of drugs or alcohol, not using a cell phone while driving, and not having any firearms in the vehicle.*
- 4. I acknowledge that I have also signed the waiver and release of liability.*
- 5. I understand that, if at any time the mentor violates the conditions stated above, the permission to drive will be revoked.*

Signature of Parent/Guardian or 18+ year old Mentee

Date: _____

Mentee Contract

(to be completed during initial mentor introduction)

Name: _____

Date: _____

By choosing to participate in the Community Connectors 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
- Make at least weekly contact with my mentor
- Be on time for scheduled meetings or call my mentor at least 24 hours beforehand if I am unable to make a meeting if possible
- Regularly and openly communicate with program staff and my mentor
- Inform program staff 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 any and all mentee trainings required by program staff

_____ (please initial) I understand that upon match closure, future contact with my mentor is beyond the scope of the Community Connectors Mentoring Program 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)