
100 BLACK MEN OF Virginia Peninsula Chapter Inc

Mentee Application

(To Be Completed by the Parent/Guardian/Legal Care-Giver)

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: _____

Youth Social Sec. #: N/A

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

Ethnicity: White: ___ Hispanic: ___ African American: ___ Asian: ___ Other: _____

Name of School: _____ Grade: _____

Emergency Contact Name: _____ Phone Number: _____

Please list all members of your household:

Name	Gender	Age	Relationship to Applicant

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?

Briefly describe your expectations for the 100 Black Men of Virginia Peninsula Chapter

2. Mentoring Program:

3. Is your child available to meet with a mentor eight hours per month and have contact at least once a week for a minimum of one year? Please explain any particular scheduling issues.

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4. Is your child willing to attend an initial mentee training session and two training sessions per year after being matched?
 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 100 Black Men of Virginia Peninsula Chapter in 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

100 Black Men of VA Peninsula 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 100 Black Men of VA Peninsula Mentoring Program.

After receiving the completed application form, we will evaluate the information and send a letter informing you if your child has been accepted into the program. The information you supply in this 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 100 Black Men of VA Peninsula Mentoring Program 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 100 Black Men of VA Peninsula staff or representatives while participating in the 100 Black Men of VA Peninsula Mentoring Program, and that such transportation is voluntary and at his/her own risk.

_____ I release the 100 Black Men of VA Peninsula 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 100 Black Men of VA Peninsula 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 agree to allow 100 Black Men of VA Peninsula 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.

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
- 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

Please return this application and the items listed above to:

Darryl Powell
VP of Mentoring
100 Black Men of VA Peninsula
(757)218-7848

100 BLACK MEN OF VA Peninsula INC.

Contact and Information Release

(To Be Completed by the Parent/Guardian)

Youth's Name: _____ Date: _____

School: _____

I hereby grant permission for the 100 Black Men of VA Peninsula to make contact with my child and conduct a personal interview for the purposes of applying to be a mentee. The 100 Black Men 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 the 100 Black Men 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 identity 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/Legal Care-Giver Signature

Date

Parent/Guardian Name:

Address

City

State

Zip

100 BLACK MEN OF VA Peninsula, INC.

Mentee Interest Survey

(To Be Completed by Youth)

Please complete all the following. This survey will help **100 Black Men** 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? 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 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:

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Mentee Contract

Name: _____

Date: _____

By choosing to participate in the 100 Black Men 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 mentors
- Meet at least four/eight hours per month with my mentors
- 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 VP of Mentoring if I have any changes in address or phone number
- Bring reports cards within 30 days of receiving

_____ (please initial) I understand that upon match closure, future contact with my mentor is beyond the scope of the 100 Black Men 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)

100 BLACK MEN OF VA Peninsula, INC.

Parent/Guardian Contract

Name: _____

Date: _____

By allowing my son/daughter to participate in the New Insights Mentoring Program, I agree to:

- Allow my child to participate in the 100 Black Men Mentoring Program and to be matched with a 100 Black Men mentors
- 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 four/eight 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 VP of Mentoring as requested
- Inform the VP of Mentoring 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 VP of Mentoring if I have any changes in address or phone number
- Provide the VP of Mentoring and the mentor with any updated health insurance information for my child
- Ensure report cards are made available to the 100 mentors within 30 days upon receipt

_____ (please initial) I understand that upon match closure, future contact between my child and his/her mentor is beyond the scope of the 100 Black Men Mentoring Program, 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)