**Bold Futures Mentoring Project**

**Mentee** **Application**

Girls Inc. of Worcester – 125 Providence Street—Worcester, MA 01604

**Personal Information:**

**Girls Inc. Member Information**

**Girls Inc. Member First and Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Girls Inc. Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Languages spoken by member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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?

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

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1. What are your favorite subjects to read about?

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

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

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1. What person do you most admire and why?

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List any other areas of special interest/activities:

**Return this form to your Girls Inc. Campus Director**

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?

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1. Describe your child’s school performance including grades, homework, attendance, behaviors, etc.:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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Girls Inc. builds a partnership with you for the success of your mentee. YOU, the parent/guardian, are 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 2 hours each week.

\_\_\_\_\_ 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.

Kick off Celebration—Wednesday, November 7, 2018 from 5:00 – 8:00 p.m. Parent/guardian attendance required

Closing Ceremony—Wednesday, May 1, 2019 from 5:00 – 8:00 p.m.

**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 Wednesday evenings from 5:30p.m. to 7:30 p.m. beginning on Wednesday, November 7th and ending with a celebration on Wednesday, May 1, 2019. All sessions will take place at Girls Inc. of Worcester, 125 Providence Street, Worcester. Dinner will be included every week.

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 behavior; 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 and its evaluation. The evaluation will include a survey at the beginning and end of the mentoring period and will ask questions about your girl’s experience in the program as well as outcomes relating to school attendance and grades, and abstinence from risky behaviors (alcohol, tobacco, drug use, and fighting).

If you have any questions about the peer mentoring program, please contact Terry Szydlik at [tszydlik@girlsincworcester.org](mailto:tszydlik@girlsincworcester.org) or (508) 755-6455 ext. 19.

Sincerely,

Terry Szydlik

Director of After-School Programs

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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 Worcester

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Date Signature of parent/guardian