This publication contains pages that have been left intentionally blank for proper pagination when printing.
Mentee Eligibility Requirements:

- Be 12–18 years old
- Reside in the Crittenden County area
- Demonstrate a desire to participate in the program and be willing to abide by all Girls Empowered policies and procedures
- Be able to obtain parental/guardian permission and ongoing support for participation in the program
- Agree to a one-year commitment to the program
- Commit to spending a minimum of eight hours a month with the mentor
- Be willing to communicate with the mentor weekly
- Complete screening procedure
- Agree to attend mentee trainings as required
- Be willing to communicate regularly with the program coordinator and discuss monthly meeting and activity information
Mentee Application
(To Be Completed by the Parent/Guardian)

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. #: ___________________
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.

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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 the Girls Empowered 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.

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 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 Girls Empowered in matching your daughter with an appropriate mentor?

Medical History

Name of Primary Care Physician: ________________________________

Medical Insurance Provider: ________________________________

Policy Number: ________________________________ Phone No.: ______________

Does your daughter have any physical problems or limitations?
Is your daughter currently receiving treatment for any medical issues?

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

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

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

Is your daughter currently seeing a counselor or therapist?

Therapist’s Name: ________________________________________________________________

Please read this carefully before signing

*Girls Empowered* appreciates you and your child’s interest in her becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their daughter to participate in the *Girls Empowered* Mentoring 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 to participate in the Girls Empowered 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 her mentor and/or Girls Empowered staff or representatives while participating in the Girls Empowered Mentoring Program, and that such transportation is voluntary and at her own risk.

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

_________________ (Optional) I agree to allow Girls Empowered 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 this 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.

__________________________________________________________________________ Date

Parent/Guardian Signature

Please return or mail this application and the items listed above to

Girls Empowered
P.O. Box 5643
West Memphis, AR 72303
Contact and Information Release
(To Be Completed by the Parent/Guardian)

Youth’s Name: __________________________ Date: ________________

School: __________________________

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

I authorize Girls Empowered to obtain any needed information regarding my child from 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: _____
Mentee Interest Survey
(To Be Completed by Youth)

Please complete all the following. This survey will help Girls Empowered 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:

- Biking
- Hiking
- Golf
- Fishing
- Camping
- Boating
- Swimming
- Animals/Pets
- Science
- Music
- Gardening
- Painting/Photos
- Cooking
- Sports
- Parks
- Board Games
- Library
- Yoga
- Movies
- Shopping

List any other areas of special interest: