



# Mentee Application Packet

This packet will give you useful information about the program and explain the expectations of mentees. Please take time to read and complete this document. If you have any questions please feel free to contact **Sydney Hicks, K.I.N.D. Program Director**.

This packet includes the following information:

1. Program Overview
2. Mentee Job Description
3. Mentee Application
4. Information Release
5. Mentee Interest Survey



## PROGRAM OVERVIEW

### **Our Mission**

K.I.N.D. Girls Mentoring Program Inc. is a faith-based, youth development and mentoring program with a 501 (C3) status. Our organizational mission is to empower girls ages 11-18 with true knowledge as we help them discover the connection between their passion, potential and purpose, guiding them through the challenges they will face during their transition from adolescence into adulthood in a safe place.

K.I.N.D. achieves its mission through a holistic approach that address the mind, body and spirit by using the following vehicles: workshops, training, special events and resources.

While girls do face common challenges, it is vital to ask the girls themselves what are the critical issues that they face.

### **Goals:**

- To provide parents and girls with solid, research-based information in a format easy to digest and help them safely navigate today's sexual culture.
- Teach girls life and leadership skills and actively lay the ground work to achieve their goals
- To partner with parents, schools, bank institutions, corporations and the community to build deep and lasting relationships
- Bridge the gap between parents and girls.
- Model healthy habits and lifestyles before our girls so that our actions match our words.

### **Our Vision**

**Vision Statement: To develop model teens and future leaders.**

## **“Knowledge Influencing Noble Decisions”**

### **KNOWLEDGE**

To challenge young ladies to not only search for an awareness, understanding, acquaintance with facts and to be enlightened by truth, but to put those principles to practice every day. “A wise person is hungry for knowledge while the fool feeds on trash”, Proverbs 15:14 (NLT).

### **INFLUENCING**

To discover the changes in their brains that might influence negative thought processes, affect future decisions and their ability to produce effects indirectly by means of power based on wealth, high positions, etc.

### **NOBLE**

Teaching girls, by showing them how to live, to have high moral qualities, producing strong characters and healthy bodies.

### **DECISIONS**

Equipping girls with enough right information to help them use sound judgment, make sound decisions, and positive choices.

### Programs / Services we offer:

- **Financial Literacy**
- **College Readiness (Tours, Mock interviews, Resume writing)**
- **Leadership Development**
- **Time Management & Planning**
- **Presentation Skills**
- **Mentee/Mentor Matches**
- **Social and emotional learning**
- **High School & Beyond Plan, etc.**



## Mentee Job Description

**The K.I.N.D. Girls Mentoring Program of Houston helps to empower youth in our community to make positive life choices that enable them to maximize their potential. The mentoring program uses adult volunteers to commit to supporting, guiding, and being a friend to a young person for a period of at least one year. Becoming a mentee can help you develop and reach positive academic, career, and personal goals.**

### **Mentee Role**

- Understand the purpose of the program
- Share openly with your Mentor
- Respect your mentor
- Accept feedback & positive criticism
- Be open to new perspectives & ideas
- Set goals and work toward accomplishing them

### **Time Commitment**

- Make a one-year commitment
- Spend a minimum of 1 hour per month with your mentor
- Communicate with your mentor bi-weekly
- Attend an initial two-hour training session
- Attend 3 mentor/mentee group events

### **Participation Requirements**

- Be between the ages of 11-18
- Reside in the Houston metro area
- Have parent/guardian permission
- Be willing to adhere to all program policies and procedures
- Be willing to complete the application and screening process
- Be dependable and consistent in meeting the time commitments
- Attend mentee training sessions
- Be willing to communicate regularly with program staff, submit activity information, and take constructive feedback regarding mentoring activities

### **Desirable Qualities**

- Positive attitude
- Respectful
- Willing listener
- Highly driven
- Patient and flexible
- Tolerant and respectful of individual differences

### **Benefits**

- Gain advice, encouragement, & support
- Learn from the experience of others
- Increase social & academic confidence
- Become empowered to make decisions
- Develop communication skills
- Develop strategies for dealing with personal & academic challenges
- Identify goals and establish a sense of direction
- Make lasting connections & gain professional networks
- Mentee/mentor group activities, complimentary tickets to community events, participant recognition events



## 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:

Name	Sex	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?
2. Briefly describe your expectations for the K.I.N.D. Girls Mentoring Program:
3. Is your child available to meet with a mentor six to 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 K.I.N.D. Girls in matching your daughter with an appropriate mentor?

**Medical History**

Name of Primary Care Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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? If so, please specify.

Does your 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**

K.I.N.D. Girls Mentoring Program 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 K.I.N.D. Girls 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 K.I.N.D. Girls 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 K.I.N.D. Girls staff or representatives while participating in the K.I.N.D. Girls Mentoring Program, and that such transportation is voluntary and at her own risk.

\_\_\_\_\_ I release the K.I.N.D. Girls 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 K.I.N.D. Girls 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 K.I.N.D. Girls 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 or mail this application and the items listed above to Mentoring Program Director, K.I.N.D. Girls, P.O. Box 131971, Houston, TX 77219-1971.



**Contact and Information Release**  
(To Be Completed by the Parent/Guardian)

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

I hereby grant permission for K.I.N.D. Girls Mentoring Program to make contact with my child and conduct a personal interview for the purposes of applying to be a mentee. K.I.N.D. Girls 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 K.I.N.D. Girls 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, me 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 K.I.N.D. Girls Mentoring Program 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: