



OLYM Mentee Application Package

We are delighted that you've chosen your child to be a mentee through our O Lord Youth Mentoring Program. Please complete the following in-depth application so we can get to know your child/children better and match them with an appropriate mentor.

MENTEE REQUIREMENTS

- Males and Females aging 10-17 years of age.
- Children whose fathers or mothers are absent from their lives.
- Children who are in a single parent household.
- Parents must have reliable transportation.
- Must be able to spend at least one hour mentoring weekly via Zoom or In Person.
- Complete personal (mentee) interview with parent and child.

MENTOR EXPECTATIONS/DUTIES

- Must be available and commit to a 3-, 6- or 12-month mentor program.
- Must spend at least one hour mentoring per week.
- Must be able to attend our 5 community events per year.

THE ROLE OF THE PARENT/GUARDIAN IN THE MENTORING MATCH

- Complete and sign a Release of Information form before the program begins and provide information about the child's interests, needs and history so a suitable match can be made. Pay \$25 non-refundable registration fee.
- Understand that there are a limited number of Mentors available, that matches may not be possible for all children and that this program may not be the right service for all children.
- Report any concerns to the Mentoring Coordinator immediately.
- Support the child's friendship with the Mentor by letting the child know that the parent is glad they are involved and by asking questions about their activities.

For more information, please email Carolyn James, Administration Vice President at info@olordmentoring.com



WHAT ARE THE POTENTIAL BENEFITS OF HAVING A MENTOR?

- Children/youth may become more confident as self-esteem improves.
- Children/youth may be able to make decisions with more confidence.
- Children/youth feel more supported.
- Children/youth may learn to get along better with their peers.
Children/youth may improve behavior while in school and improve academic performance.
- Children/youth have opportunities to try and to learn new things and have new experiences.
- Children/youth have opportunity to form a life-long friendship with an adult/older youth role model.

WHAT MENTORS DON'T DO?

- Mentors are not counselors, social workers, or therapists.
- Mentors are not tutors.
- Mentors do not provide basic needs like food or money.
- Mentors do not act as a substitute for a parent, guardian, or teacher.
- Mentors are not there to run errands or provide transportation to parents or to take the child/youth to personal appointments.
- Mentors do not give expensive gifts to their mentees.
- Mentors are not expected to pay for all the activity costs during visits.
- Mentors are not babysitters for the child/youth or their siblings – outings are to be arranged at everyone's convenience.
- Mentors do not punish bad behavior (i.e. Cancel their visit due to bad behavior); this is the parent's responsibility.

CHILD SAFETY

The safety of the children and youth in our programs is our number one priority, and this should also be the number one priority for mentors. The mentor is responsible for the safety and well-being of their mentee at all times during their time together.

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MENTEE APPLICATION

Program	Which Youth Services Mentoring Program are you applying to become a Mentee?		
<input type="checkbox"/> ½ Session (6 weeks Recommended) \$250 <input type="checkbox"/> Full Session (12 Weeks) \$500 <input type="checkbox"/> 1 Year Mentor (\$100 per month or one time \$1000) <input type="checkbox"/> OLYM Males <input type="checkbox"/> OLYM She-Will			
Mentee Information	First Name		Last Name
	Preferred Pronoun	<input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> Other:	
	Email	Age	Date of Birth
	Primary Phone		Mobile (if different)
	Address		City PC
	Primary language		Ethnicity:
	Medical conditions, allergies, medications, or other concerns		
	General state of health – physical, emotional, or any behavioral concerns		
Parent/Guardian Information	1. First Name		Last Name
	Email		Relationship to child
	Primary Phone		Mobile (if different)
	Address (if different from above)		City PC
	Primary language		Other languages spoken
	2. First Name		Last Name
	Email		Relationship to child
	Primary Phone		Mobile (if different)

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	Address (if different from above)	City	PC
	Primary language	Other languages spoken	
	Child/youth lives primarily with: <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both Parent 1 and 2		
Getting to Know the Mentee	Why do you/your child want a mentor?		
	How would you describe your/your child's personality?		
	<input type="checkbox"/> Friendly <input type="checkbox"/> Shy <input type="checkbox"/> Other:	<input type="checkbox"/> Outgoing <input type="checkbox"/> Active <input type="checkbox"/> Other:	<input type="checkbox"/> Withdrawn <input type="checkbox"/> Helpful <input type="checkbox"/> Other:
	What are your/your child's interests?		
<input type="checkbox"/> Cooking <input type="checkbox"/> Video games <input type="checkbox"/> Card/Board Games <input type="checkbox"/> Movies/TV <input type="checkbox"/> Other	<input type="checkbox"/> Animals <input type="checkbox"/> Art/Crafts <input type="checkbox"/> Reading <input type="checkbox"/> Sports <input type="checkbox"/> Other	<input type="checkbox"/> Computers <input type="checkbox"/> Music <input type="checkbox"/> Building/Lego <input type="checkbox"/> Talking <input type="checkbox"/> Other	
	Is there any other information that you would like to provide that would assist us in matching you/your child with the appropriate mentor?		
Confidentiality	Just as we have to share information with you about the Mentor we select for your child, we need to share information with the volunteer about you and your child. Is there anything here that you do not want shared with a volunteer? <input type="radio"/> Yes <input type="radio"/> No If yes, please clearly state what?		
	I declare that the information provided in this application is true and correct.		

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Signatures	Applicant/Mentee	Print Name Signature
	Parent/Guardian (if applicant is under 18 years)	Print Name Signature

APPLICATION QUESTIONS

Please answer all the following questions as completely as possible.

1. Briefly describe your expectations for the O Lord Mentoring Program:

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

3. Is your child willing to attend an initial mentee training session and two training sessions per year after being matched?

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

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

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PHOTO/MEDIA RELEASE & WAIVER

I, _____, hereby grant OLYM permission to use the following selected items below to publicize and promote OLYM (e.g. in newsletters, website, etc.).

Please **check AND initial** next to the following items that you will allow OLYM to publicize:

- 1. My name:
 - a. _____ First and last name
 - b. _____ First name only

- 2. My visual image:
 - a. _____ Any visual image (photographic or video images)
 - b. _____ Non-identifying visual images only (e.g. hands, feet, back, etc.)

- 3. My statements:
 - a. _____ (e.g. quotes, stories, written and/or spoken)

- 4. My artwork:
 - a. _____ (e.g. drawings, pictures, photos)

I acknowledge that OLYM has total ownership of the program or article in which my above selected information will be used. I understand that I will not receive compensation for the use of such information used to publicize and promote OLYM.

My consent to this waiver and release signifies that I completely release, promise and covenant not to sue or assert any claims against OLYM, its personnel, and/or agents of the program for liability that may arise from OLYM use of the above selected items for the purposes stated herein. By signing below, I am acknowledging that I have read and fully understand this Release and Waiver and that I consent to the use of the above selected information to publicize and promote OLYM.

TO BE COMPLETED BY PARENT/GUARDIAN IF PARTICIPANT IS A MINOR:

I am the legal guardian of the above-named minor and I agree to the terms of this release and consent to the use of such minors above selected and initialed information for publicity and promotional purposes.

Print Full Name of Parent/Guardian

Date

Signature of Parent/Guardian

Date

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Please read this carefully before signing: O Lord 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 O Lord 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. Most of the information you supplied 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 certain 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 O Lord Youth 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 may be transported by his/her mentor and/or O Lord staff or representatives while participating in the O Lord Mentoring Program, and that such transportation is voluntary and at his/her own risk.

_____ I release O Lord 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 O Lord 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 understand I must return the application along with all signed documents and that any incomplete information will result in the delay of my application being processed:

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

X _____
Signature

Date

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CONTACT AND INFORMATION RELEASE

(To be completed by the Parent/Guardian)

Youth's Name: _____ Date: _____

School: _____

I hereby grant permission for O Lord to make contact with my child and conduct a personal interview for the purposes of applying to be a mentee. O Lord 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 O Lord 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 along with my child's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

Print Full Name of Parent/Guardian

Date

Signature of Parent/Guardian

Date

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