



MENTORING PROGRAM APPLICATION FOR CHILDREN

In 2007, the Whitin Community Center's Youth Outreach Program acquired ownership of the Northbridge Mentoring Partnership. The Mentoring Program serves at-risk children from the Blackstone Valley by providing them with a Mentor. Through a screening process, along with referrals, mentors and mentees are matched for partnership. The mentor plans various activities for him or her and the student mentee to enjoy together (mini-golf, movies, crafts). Mentors also help with homework and other academic challenges. As a condition of their enrollment, all mentors and mentees are screened before they are matched. Mentors and mentees build appropriate relationships in which the mentee understands, and appreciates, the vital role the mentor plays as guide and advisor, offering appropriate assistance to navigate the often challenging roads life presents. Each prospective Mentor is screened using the Massachusetts state Criminal Offender Record Identification, as well as Sex Offender Record Identification systems. Each mentee agrees to follow the Youth Outreach program rules.

Please fill out the following questionnaire, to assist us in identifying a match between your child and a prospective mentor. This information will be shared with the mentor, to better find a compatible match. If your child is old enough, please allow him or her to fill in appropriate sections.

What language(s) do you and your family speak at home? _____

What is your favorite subject in school? _____

What is your least favorite subject in school? _____

What activities, clubs, sports, etc; do you participate in? _____

What days and times are best for your child to meet with a mentor? _____

Are any days or times out of the question due to other commitments? _____

In five words or less, how would you describe yourself? _____

Why do you want to be matched up with a mentor? _____

Do you think have a mentor will affect your experiences with your family, your friends, and with your classmates and teachers? How? _____

Please list several activities that your child enjoys doing. These will be used to identify a match for your child. Please think of indoor/outdoor, quiet and active things that your child enjoys. Are there any activities that your child does not enjoy? _____

If your child is older than 4th grade, please have them write about themselves on the back of this page. Any information will be helpful in identifying a mentor. If there is any other information that you think would assist us in identifying a good match, use the space below to inform us. _____

PARENT CONSENT

I _____, parent/guardian of _____, agree to allow my child to participate in the Whitin Community Center Youth Outreach Mentoring Partnership.

I agree to the following:

1. Make certain that my child keeps all appointments with the mentor.
2. Attend any parent meetings.
3. Let program staff (coordinator or supervisor) know of any concerns that I have about my child's participation.
4. I will be at home all times my child is picked up or dropped off as arranged with the mentor.
5. I will encourage and support my child in fostering a positive relationship with his/her mentor.
6. I will allow the mentor to transport my child during meetings, and to obtain emergency treatment for my child if necessary.
7. I will encourage my child to participate in the mentoring relationship for a minimum of 6 months, or as long as the experience is a positive one.

Your signature below indicates your agreement with the above conditions. We look forward to working with you.

parent/guardian printed name

parent/guardian signature

address

home phone number

cell phone number

FOR PROGRAM USE ONLY

Date application received _____

Date of match _____

Date of termination _____

Name of mentor: _____

Reason for termination: _____