

RAMP - Racial Advocacy and Mentorship Program
 Youth Mentee Application (To Be Completed by Parent/Guardian)

Personal Information

Youth's Name _____

Date _____

Parent/Guardian
 Name _____

Relationship to Youth: _____ Mother _____ Father _____ Other (please specify) _____

Street Address: _____

City: _____ State: _____

Zip: _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

Youths Date of Birth: _____ Age: _____

Gender Identity: _____

Ethnicity: _____

Name of School: _____

Grade: _____

Emergency Contact Name: _____ Phone Number: _____

Please list all members of your household.

Name	Gender Identity	Age	Relationship to Applicant

Application Questions

Please answer all of the following questions as completely as possible. The answers to these questions will aid us in the matching process.

1. Why do you/your child want to participate in a mentoring program?

2. Briefly describe your expectations of the mentoring program?

3. Describe your child's school performance including grades, homework, attendance, behaviors, etc.

4. Please describe your child's friendships.

5. Is your child currently having problems either at home or at school? If yes, provide details.

6. Has your child experienced any traumatic events (i.e. death in the family, abuse, divorce, etc.)? If yes, please provide context as able.

7. Can you provide any additional background information that may be helpful in matching your son/ daughter with an appropriate mentor? (Anything that we should be aware of that could be a trigger for you or your child.)

8. Do you have any religious preferences you would like for us to take into consideration?

9. Is there anyone your child should not have contact with?

Medical History

1. Does your child have any physical problems or limitations? ___ Yes ___ No

If yes, please explain _____

2. Is your child receiving treatment for any medical issues? ___ Yes ___ No

If yes, please explain _____

3. Is your child currently taking any type of medications? ___ Yes ___ No

If yes, please explain _____

4. Does your child have any known allergies or adverse reactions to medications? ___ Yes ___ No

If yes, please explain _____

5. Does your child have any emotional needs right now? ___ Yes ___ No

If yes, please explain _____

6. Is your child currently seeing a counselor or therapist? ___ Yes ___ No

If yes, please explain _____

Please read this carefully before signing:

We appreciate you and your child's interest in becoming a mentee. After receiving this completed application from you, we will evaluate the information and be in touch in terms of next steps. Much of the information that 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 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 RAMP and its related activities.

____ I agree to have my child follow all of the 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 their mentor while participating in the mentorship program, and that such transportation is voluntary and at their own risk.

____ I release the Reclaimed Hope Initiative of all liability of injury, death, or 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 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 that 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:

- Signed application
- Contact and Information Release Form
- Youth Mentee Guidelines/Instructions Form

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

Parent/Guardian Signature

Date

RAMP - Racial Advocacy and Mentorship Program

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

Youth's Name _____ Date _____

I hereby grant permission for RAMP and Love: No Ego to make contact with my child and conduct a personal interview for the purpose of becoming a mentee. 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 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 Name: _____

Address: _____ City: _____

Zip: _____

Home Phone: _____ Cell Phone: _____

RAMP - Racial Advocacy and Mentorship Program
Youth Mentee Guideline/Instructions (To Be Completed by the Youth)

1. Be dependable and punctual. If you will be late or absent, please notify the mentor as soon as possible.
2. Never put yourself into situations that could be perceived as inappropriate. Meet in public places as much as possible. Examples— Never be in a home alone with your mentor. Never be in a bedroom or bathroom with your mentor.
3. No photos or sharing of information can be shared on social media sites.
4. Refer concerns to your guardian/contact person.
5. Never take any kind of medication (i.e., aspirin) from a mentor.
6. Smoking, drinking or drug use is not permitted while with a mentor.
7. Respect mentors' privacy as they request.
8. Respect cultural and social differences and religious beliefs. Do not try to change them, but instead accept them as they are. Avoid imposing your own upon them.
9. Do not travel with your mentor without written consent from your parent/guardian.
10. Be responsible for your actions and honest with your words.
11. Mentor/mentee assignments may be changed if either the mentor or mentee request it.
12. Please do not carry weapons of any kind when spending time with your mentor.

Youth Mentee Signature

Date

Parent/Guardian's Signature

Date