

# **OreMi Mentoring Program**

## **Family Support Services of the Bay Area**

### **Mentee Application Instructions**

Dear Mentee and Parent/Guardian Applicant,

Thank you for choosing to participate in the OreMi Mentoring Program. Having a mentor is a wonderfully rewarding way to help your child to reach their potential. The screening process is an important part of the program and is used to ensure the best possible matches for our perspective mentees and mentors. Please review each document thoroughly and complete all questions.

**Note: The information you provide on this application will be kept confidential. It will be used by the personnel of the OreMi Mentoring Program at Family Support Services of the Bay Area to help you and your child. Submitting an application to the OreMi Mentoring Program does not guarantee acceptance or matching in our program.**

#### **STEP 1:**

Complete the following application materials:

- Mentee Application
- Contact and Information Release Form
- Interest Survey Form

If you have any questions, please contact OreMi Staff at (510) 834-2443

#### **STEP 2:**

**Note: Please allow 4-6 weeks for OreMi Staff to process your application.**

Deliver in person, mail, or fax your completed application materials to:

**OreMi Mentoring Program Coordinator**  
Family Support Services of the Bay Area  
401 Grand Avenue, Suite 500  
Oakland, CA 94610  
Fax: 510-834-1548

**Do not forget to:**

- ✓ Review all completed information
- ✓ Sign and date application materials

Sincerely,

**OreMi Mentoring Program**



## **Application Questions**

Please answer **all** of the following questions as completely as possible. If more space is needed, feel free to use an extra sheet of paper.

1. Why do you/your child want to participate in a mentoring program?
2. Briefly describe your expectation for the OreMi Mentor:
3. Is your child available to meet with a mentor 2 hours per week for a minimum of one year? No Yes (*Please explain any particular scheduling issues.*)
4. Are you willing to work with your child's mentor to schedule/coordinate weekly visits and ensure that s/he is available for those visits? No Yes *If no, please explain.*
5. Do you see any major changes occurring in your or your child's living situation in the next several months, e.g., moving, a new job, release of incarcerated parent? No Yes *If yes, please explain.*
6. Describe your child's school performance including grades, homework, attendance, behaviors, etc.:
7. Does your child have friends? No Yes (*Please describe his/her friendships.*)
8. Is your child currently having any problems either at home or school? No Yes *If yes, please explain.*
9. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? No Yes *If yes, please provide details.*
10. Can you provide any additional background information that may be helpful to OreMi in matching your son/daughter with an appropriate mentor?

## **Medical History**

Name of primary physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Member Services Phone Number (please remember to include area code) : \_\_\_\_\_

1. Does your son/daughter have any physical problems or limitations? *If so, please specify.*
  
2. Is your son/daughter currently receiving treatment for any medical issues? *If so, please specify.*
  
3. Is he/she currently on any type of medication? *If so, please specify.*
  
4. Does your son/daughter have any known allergies or adverse reactions to medications? Food? Pollen? No Yes *If yes, please describe below:*
  
5. Does your son/daughter have any emotional issues or problems right now? No Yes *If yes, please describe below:*
  
6. Is your son/daughter currently seeing a counselor or therapist? No Yes  
 Therapist/Counselor Name: \_\_\_\_\_ Phone: \_\_\_\_\_
  
7. Is your child involved with any other organizations or support services? (tutoring, mentoring, counseling, youth groups, etc.) No Yes *If yes, please describe below:*

**Please read this carefully before signing:**

OreMi Mentoring Program 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 OreMi Mentoring Program.

After receiving this completed application from you, we will evaluate the information and contact you regarding your child's participation in 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.

**Please initial each of the following:**

\_\_\_\_\_ I give my informed consent and permission for my child to participate in the OreMi 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.

**(Please continue on reverse side)**

\_\_\_\_\_ I hereby acknowledge that my child will be transported by his/her mentor and/or OreMi staff or representatives while participating in the OreMi Mentoring Program, and that such transportation is voluntary and at his/her own risk.

In consideration of \_\_\_\_\_'s [NAME OF CHILD] (hereinafter referred to as "Participant") acceptance into and participation in the OreMi Mentoring Program of Family Support Services of the Bay Area (hereinafter referred to as the "Program"), the undersigned parents or legal guardian of Participant (hereinafter referred to as "Participant's Guardian"), on behalf of herself/himself/themselves and on behalf of Participant, a minor, hereby and forever release Family Support Services of the Bay Area, its directors, officers, employees, agents and volunteers (hereinafter referred to collectively as the "Released to individually as a "Released Party"), from all claims, demands, liabilities, damages, costs and expenses (collectively, "Claims") that Participant and Participant's Guardian may now or hereafter have against the Released Parties arising from or in connection with the Participant's participation in the Program, including without limitation, liability for Participant's death, disability, personal injury, emotional injury, property damage, or actions of any kind resulting from Participant's participation in the Program, except for Claims against a Released Party who has finally been determined to have been grossly negligent.

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.

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Parent/Guardian Signature

Date

Please deliver in person, mail, or fax this application and the items listed above to:

**OreMi Mentoring Program Coordinator**  
Family Support Services of the Bay Area  
401 Grand Avenue, Suite 500  
Oakland, CA 94610  
Fax: 510-834-1548

**Thank You!**



# OreMi Mentoring Program

## Family Support Services of the Bay Area

### MENTEE INTEREST SURVEY

(To Be Completed by Youth)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                     First                      Middle                      Last

The OreMi Mentoring Program is interested in finding out more about you and your interest, so please complete **all** of the following questions to help us find the best match for you! *Attention: If you feel your son/daughter is too young to complete the interest survey, please assist them in completing this form.*

#### Section One:

1. What are the most convenient times for you to meet with your mentor?

(Check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Morning</b> (8:00-12:00)							
<b>Afternoon</b> (12:00-3:00)							
<b>After School</b> (3:00-6:00)							
<b>Evening</b> (6:00-9:00)							

Please note that if your availability changes from the above stated availability during the course of the interview or screening process, you must notify OreMi Staff as soon as possible.

2. Please check **all** activities in which you are interested:

<b>Biking</b>	<b>Camping</b>	<b>Science</b>	<b>Cooking</b>	<b>Reading</b>
<b>Hiking</b>	<b>Boating</b>	<b>Music</b>	<b>Art</b>	<b>Golf</b>
<b>Sports</b>	<b>Swimming</b>	<b>Gardening</b>	<b>Dance</b>	<b>Movies</b>
<b>Fishing</b>	<b>Animals</b>	<b>Yoga</b>	<b>Board Games</b>	<b>Shopping</b>

3. List any other hobbies or interest you would like to share with a mentor:

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(Please continue on next page)

**Section Two:**

Please complete **all** the following questions.

4. Do you speak any languages other than English? If so, which languages?

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5. What are some of the favorite things you like to do with other people?

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6. What are your favorite subjects in school?

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7. If you could learn about a job/career, what would it be?

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8. What are your favorite subjects to read or learn about?

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9. If you could learn something new, what would it be?

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10. What person do you most admire and why?

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11. Describe your ideal Saturday.

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