



GfG Mentee Application (ages 9-17)

Personal Information

Name: _____ Date: _____
 Your Cell #: _____ Email: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Date of Birth ___/___/___ Age: _____
 Ethnicity: African American: ___ Asian: ___ Latina: ___ White: ___ Other: _____
 Name of School: _____ Grade: _____ Graduation year: ___
 Parent/Guardian Name: _____
 Home phone: _____ Parent/Guardian Cell phone: _____
 E-Mail: _____
 Emergency Contact Name: _____ Phone Number: _____

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant



Application Questions

(To be completed by applicant along with parent/guardian)

Please answer all the following questions as completely as possible. If more space is needed, use an additional sheet of paper or write on the back of this page.

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

2. Briefly describe your expectations for the G.O.O.D. for Girls Asset/Leadership Development and Mentoring Program:

3. Are you available to meet on the first and third Saturdays of each month for our activities sessions and actively participate in the GfG events for a minimum of one year? Please explain any particular scheduling issues.

4. Are you willing to attend an initial Mentee training session and other training sessions if needed?

5. Describe your school performance including grades, homework, attendance, behaviors, etc.:

6. Do you have friends? Please describe your friendships.



Application Questions (to be completed with parent/guardian)

7. Have you experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please explain.

8. Are you currently having difficult challenges either at home or school? (explain)

9. Do you have an IEP and/or special needs? _____

10. Are you eligible for the Title 1 reduced lunch program or do you receive WIC? Yes ___ No ___

11. Is your household income \$75,000 or below? Yes ___ No ___

12. Please provide any additional background information that may be helpful to G.O.O.D. for Girls in supporting you in the program.



Medical History

(to be completed with parent/guardian)

Name of Primary Care Physician: _____ Phone No.: _____

Medical Insurance Provider: _____

Policy Number: _____ Phone No.: _____

Are you currently on any type of medication? If so, please specify.

Do you have any known allergies or adverse reactions to medications? If yes, please describe them:

Are you currently receiving treatment for any medical issues?

Do you have any physical limitations?

Do you have any emotional issues or problems right now including impulse control?

Are you currently seeing a counselor or therapist? _____

Therapist's Name: _____

Please read this carefully before signing:

G.O.O.D. for Girls Asset/Leadership Development & Mentoring Program appreciates your interest in 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 G.O.O.D. for Girls Asset/Leadership Development & Mentoring Program. After receiving this completed application from you, we will evaluate the information and send you a letter or contact you by phone or email letting you know if you have been accepted into the mentoring program. Much of the information you supply in this application packet will be used to match you with an appropriate staff member and/or 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 daughter to participate in the G.O.O.D. for Girls Asset/Leadership Development and Mentoring Program and its related activities.
- _____ I agree to have my daughter follow all GfG program guidelines and understand that any violation on my daughter's part may result in suspension and/or termination from the program.
- _____ I hereby acknowledge that my daughter will be transported by her mentor and/or G.O.O.D. for Girls staff or representatives while participating in the G.O.O.D. for Girls Asset/Leadership Development and Mentoring Program, and that such transportation is voluntary and at her own risk.
- _____ I release the G.O.O.D. for Girls Asset/Leadership Development and Mentoring Program of all liability of injury, death, or other damages to me, my daughter, family, estate, heirs, or assigns that may result from her participation in the program, including but not limited to transportation, and hold harmless any G.O.O.D. for 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 G.O.O.D. for Girls, Inc. to use any photographic image of my daughter taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.
- _____ I agree to friend GfG on my Facebook page.
- _____ I agree to allow GfG to access my Instagram page.



Contact and Information Release

(To be completed by the Parent/Guardian)

Name: _____ Date: _____

School: _____

I hereby grant permission for G.O.O.D. for Girls Asset/Leadership Development and Mentoring Program to make contact with my daughter and conduct a personal interview for the purposes of applying to be a Mentee. I authorize G.O.O.D. for Girls, Inc. (GfG) to obtain any needed information regarding my daughter from her school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff. I also authorize GfG to review my daughter's social networks (i.e., Facebook, twitter, etc...).

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 daughter'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: Date

Address _____ City _____ State _____ Zip _____



Mentee Interest Survey

Please complete all the following. This survey will help G.O.O.D. for Girls Asset/Leadership Development and Mentoring Program know more about you and your interests.

What are the most convenient times for you to meet with a mentor? Please check all that apply.

Weekdays: ___ Lunchtime: ___ After school: ___ Evenings: ___ Weekends: ___ Other: ___ (explain)

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?

What would you like to be when you grow up?



Describe your ideal Saturday:

Please check all activities you are interested in:

<input type="checkbox"/>	Arts & Crafts	<input type="checkbox"/>	Finances / Investing	<input type="checkbox"/>	Movies	<input type="checkbox"/>	Singing
<input type="checkbox"/>	Biking	<input type="checkbox"/>	Fishing/Boating	<input type="checkbox"/>	Musical instrument	<input type="checkbox"/>	Sports
<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Painting	<input type="checkbox"/>	Swimming
<input type="checkbox"/>	Camping	<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Technology
<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Inventing	<input type="checkbox"/>	Photography	<input type="checkbox"/>	Theater
<input type="checkbox"/>	Dance	<input type="checkbox"/>	Jogging/Running	<input type="checkbox"/>	Reading	<input type="checkbox"/>	Writing
<input type="checkbox"/>	Exercise	<input type="checkbox"/>	Leggos / Puzzles	<input type="checkbox"/>	Science	<input type="checkbox"/>	Yoga

List any other areas of special interest: _____

You're almost done! Please read and follow the directions below.

I understand I must return all the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- _____ Mentee Application
- _____ 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.

 Applicant Signature

 Date

 Parent/Guardian Signature

 Date

Please scan/email or mail this application and the items listed above to G.O.O.D. for Girls, Inc.

Mail: G.O.O.D. for Girls, Inc., 7 Legion Drive, Valhalla, NY 10595 **Attn: Program**
Email: program@goodforgirlsinc.org **For more information call: (914) 407- 4301**