



Mentee Application (ages 9-13)

Personal Information

Name: _____ Date: _____

Parents/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

E-Mail: _____

Date of Birth ___/___/___ Age: _____

Ethnicity: White: ___ Hispanic: ___ African American: ___ Asian: ___ Other: _____

Name of School: _____ Grade: _____

Emergency Contact Name: _____ Phone Number: _____

Please list all members of your household:

Name	Gender	Age	Relationship to Applicant



Application Questions

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

Please answer all of 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, Inc.

3. Are you available to meet with a mentor at least eight to twelve hours per month and have contact at least once a week for a minimum of one year? YES NO

Please explain any particular scheduling issues.

4. Are you willing to attend an initial Mentee training/orientation session? YES NO

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

6. Do you have friends? YES NO Please describe your friendships.



Application Questions (continued)

7. Are you currently having any problems either at home or school? YES NO
Explain.

8. Have you experienced any traumatic events (i.e., death in the family, abuse, divorce)? YES NO
If yes, please explain.

9. Provide any additional background information that may be helpful to G.O.O.D. for Girls, Inc. in matching you with an appropriate mentor?



Medical History

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

Medical Insurance Provider: _____

Policy Number: _____ Phone No.: _____

Do you have any physical problems or limitations? YES NO

Are you currently receiving treatment for any medical issues? YES NO

Are you currently on any type of medication? YES NO

If so, please specify.

Do you have any known allergies or adverse reactions to medications? YES NO

If yes, please describe them:

Do you have any emotional issues or problems right now? YES NO

Are you currently seeing a counselor or therapist? YES NO

Therapist's Name: _____

Please read this carefully before signing:

G.O.O.D. for Girls, Inc. 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 your daughter to participate in the G.O.O.D. for Girls Mentoring/Asset & Leadership Development Program.

After receiving this completed application from you, we will evaluate the information and 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 mentor. Please understand, G.O.O.D. for Girls, Inc. is designed for every mentee to benefit 100% from the program even they are not matched with a mentor.

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 Mentoring/Asset & Leadership Development Program and its related activities.

I agree to have my daughter follow all GfG guidelines and understand that any violation on my daughter's part may result in suspension and/or termination of the mentoring relationship.

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 Mentoring/Asset & Leadership Development Program, and that such transportation is voluntary and at her own risk.

I release the G.O.O.D. for Girls Mentoring/Asset & Leadership Development 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, Inc. 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 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 their Facebook page.

I agree to follow GfG on their Instagram.



31 Manhattan Avenue | White Plains, NY 10607
Phone: 914-407-4301 | Email: info@goodforgirlsinc.org
www.goodforgirlsinc.org

"Mentoring young girls into confident young women."

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 Mentoring/Asset & Leadership Development 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. 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, when necessary. I also authorize GfG to review my daughter's social networks (i.e. Facebook, Twitter, Instagram etc...), when necessary.

Further, I understand that basic information about my child will be shared with a prospective mentor(s) to aid in determining a suitable 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 Mentoring/Asset & Leadership Development Program know more about you and your interests and help us find a good match for you.

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

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

Do you speak any languages other than English? YES NO

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:

- | | | | |
|--------------|-------------|----------|--------------|
| Biking | Hiking | Golf | Fishing |
| Camping | Boating | Swimming | Animals/Pets |
| Painting/Art | Science | Music | Gardening |
| Parks | Photos | Cooking | Sports |
| Movies | Board Games | Library | Yoga |
| | Shopping | | |

List any other areas of special interest:

I understand I must return a *completed application*, and that any incomplete information will result in the delay of my application being processed:

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 save the application, then email the completed application, as an attachment to info@goodforgirlsinc.org or print and mail to G.O.O.D. for Girls, Inc., 31 Manhattan Ave., White Plains, NY 10607. Call (914) 407-4301 for any questions.