

PROJECT EXCEL MENTORING PROGRAM
Creating Vision Through Mentoring / What They See is What They Will Be

Mentee Application
 (To Be Completed by the Parent/Guardian)

Personal Information

Youth's Name: _____ Date: _____

Parent/Guardian Name: _____

Relationship to Youth: Mother ___ Father ___ other, ___ specify: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____



Date of Birth ___/___/___ Age: _____ Gender: Male ___ Female ___

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

Name of School: _____ Grade: _____

Emergency Contact Name: _____ Phone Number: _____

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Application Questions

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

1. Why do you/your child want to participate in a Mentoring program?
2. Briefly describe your expectations for the Project Excel Mentoring Program:

3. Is your child available to meet with Project Excel Mentors four hours per month for bi-monthly training sessions or field trips for a minimum of one year? Please explain any particular scheduling issues.
4. Is your child willing to attend an initial Mentee training session and one initial training session per year after being admitted to the program?
5. Describe your child's school performance including grades, homework, attendance, behaviors, etc.:
6. Does your child have friends? Please describe his/her friendships.
7. Is your child currently having any problems either at home or school?
8. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.
9. Can you provide any additional background information that may be helpful to Project Excel about your son?

Medical History

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

Medical Insurance Provider: _____

Policy Number: _____ Phone No.: _____

Does your son have any physical problems or limitations?

Is your son currently receiving treatment for any medical issues?

Is he currently on any type of medication? Is so, please specify.

Does your son have any known allergies or adverse reactions to medications? If yes, please describe them below:

Does your son have any emotional issues or problems right now?

Is your son currently seeing a counselor or therapist?

Therapist's Name: _____

Please read this carefully before signing:

Project Excel Mentoring Program appreciates you and your child's interest in his becoming a Mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their son to participate in the Project Excel Mentoring Program.

After receiving this completed application from you, we will evaluate the information and send you a letter letting you know if your child has been accepted into the Mentoring program. Much of the information you supply in this application packet will be used to determine if your child is appropriate for the program. 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 program.

Please initial each of the following:

_____ I give my informed consent and permission for my child to participate in the Project Excel 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.

_____ I hereby acknowledge that my child will occasionally be transported by his Mentors and/or Project Excel staff or representatives while participating in the Project Excel Mentoring Program, and that such transportation is voluntary and at his own risk.

_____ I release 100 Black Men of Metro Baton Rouge and the Project Excel Mentoring Program of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his participation in the program, including but not limited to transportation, and hold harmless any Project Excel 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 Project Excel to use any photographic image of my child taken while participating in the Mentoring program. These images may be used in promotions or other related marketing materials.

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.

Parent/Guardian Signature

Date

Please return or mail this application and the items listed above to Mentoring Program Coordinator, Project Excel, Inc., P.O. Box 2286, Baton Rouge, La 70821-2286

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Contact and Information Release

(To Be Completed by the Parent/Guardian)

Youth's Name: _____ Date: _____

School: _____

I hereby grant permission for Project Excel Mentoring Program to make contact with my child and conduct a personal interview for the purposes of applying to be a Mentee. Project Excel may also make contact with my child on school premises for the purposes of screening and interviewing as well as ongoing support of his participation in the Mentoring program.

I authorize Project Excel to obtain any needed information regarding my child from his school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff.

Further, I understand that basic information about my child will be anonymously (without names) shared with a prospective Mentor(s) to aid in determining suitable program needs. My child's identity and other relevant information will be shared with the Mentor(s) to the extent it aids in facilitating a successful completion of the program.

Parent/Guardian Signature

Date

Parent/Guardian Name: _____

Address _____ City _____ State _____ Zip _____

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Mentee Interest Survey

(To Be Completed by Youth)

Please complete all the following. This survey will help Project Excel Mentoring 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/s? Please check all that apply.

Weekdays: ___ Lunchtime: ___ After school: ___ Evenings: ___

Weekends: ___

Other: ___

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?

Describe your ideal Saturday.

Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas of special interest:

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Mentee Contract

Name: _____ Date: _____

By choosing to participate in the Project Excel Mentoring Program, I agree to:

- Follow all rules and guidelines as outlined by the program coordinator, Mentee training, program policies, and this contract.
- Have a positive attitude and be respectful of my Mentors.
- Make a one-year commitment to the program.
- Meet at least four hours per month with my Mentors for semi-monthly training or field trips.
- Make at least weekly contact with my Mentor **(if applicable)**.
- Obtain parent/guardian permission for all meeting times at least three days in advance, if possible.
- Submit copies of Report cards / Progress reports to 100 Black Men office as I receive them
- Keep up with Project Excel paraphernalia (clothing, manuals etc.) at all times. Barring unusual circumstances, lost items will be replaced at mentee's expense..
- Be on time for scheduled meetings or call 100 Black Men office at least 24 hours beforehand if I am unable to make a meeting.
- Discuss monthly meeting times and activities with the program coordinator, and regularly and openly communicate with the program coordinator as requested.
- Inform the program coordinator of any difficulties or areas of concern that may arise in the relationship.
- Participate in a closure process when that time comes.
- Notify the program coordinator if I have any changes in address or phone number.
- Attend in-service Mentee training sessions once per year.

_____ (please initial) I understand that upon program closure or graduation, future contact with my Mentor is beyond the scope of the Project Excel Mentoring Program and can happen only by the mutual consensus of the Mentor, the Mentee, and their parent/guardian.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program coordinator at this time or in the future.

(Signature)

(Date)

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Parent/Guardian Contract

Name: _____ Date: _____

By allowing my son to participate in the Project Excel Mentoring Program, I agree to:

- Allow my child to participate in the Project Excel Mentoring Program.
- Follow and encourage my child to follow all rules and guidelines as outlined by the program coordinator, Mentee training, program policies, and this contract.
- Support my child by allowing him to meet with his Mentors at least four hours per month for bi-monthly training and field trips for one year.
- Support my child being on time for scheduled meetings or have him call the office of 100 Black Men at least 24 hours beforehand if unable to make a meeting.
- Regularly and openly communicate with the program coordinator as requested and making sure my son's progress report is delivered timely to the office of 100 Black Men at 2050 North Foster Drive.
- Inform the program coordinator if I observe any difficulties or have areas of concern that may arise in the mentoring relationship.
- Participate in a closure process when that time comes.
- Notify the program coordinator if I have any changes in address or phone number.
- Provide the program coordinator and the Mentor with any updated health insurance information for my child.

_____ (please initial) I understand that upon program closure or graduation, future contact between my child and his/her Mentor is beyond the scope of the Project Excel Mentoring program, and can happen only by the mutual consensus of the Mentor, the Mentee, and their parent/guardian.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program coordinator at this time or in the future.

(Signature)

(Date)