



423 King Street East Hamilton, ON L8N 1C5 (905) 385-0925



The Afro Canadian Caribbean Association Mentee Application Package



Name: _____ Date: _____

By choosing to participate in the Afro Canadian Caribbean Association Mentorship Program I agree to:

- Follow all rules and guidelines outlined by the program coordinator
- Have a positive attitude and be respectful of my mentor
- Make a one-year commitment with my mentor
- Meet at least six to eight hours per month with my mentor
- Make weekly contact with my mentor

- Obtain parent/guardian’s permission for all meeting times at least three days in advance, if possible
- Be on time for scheduled meetings or call my mentor at least 24 hours beforehand if I am unable to make a meeting
- Discuss monthly meeting times and activities with the program coordinator 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 twice per year

_____ (please initial) I understand that upon match closure, future contact with my mentor is beyond the scope of the: Afro Canadian Caribbean Association Mentorship Program and can happen only by the mutual consensus of the mentor, me and my 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

Parental Signature: _____ **Dated:** _____

Program Manager’s Signature: _____ **Dated:** _____



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The Afro Canadian Caribbean Association Mentee Intake Package

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

Personal Information:

Participant's Name: _____

Date: _____

Parent/Guardian Name: _____

Relationship to Participant: Mother ___ Father ___ Other, specify: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Home phone: _____ Work phone: _____

Age: ___ Gender: Male Female Non-conforming

Name of School: _____ Grade: _____

Emergency Contact Name: _____ Phone #: _____

Please list all members of your household:

1. Name _____ Gender: Male Female Non-conforming

Age: _____ Relationship to Applicant: _____

2. Name _____ Gender: Male Female Non-conforming

Age: _____ Relationship to Applicant: _____

3. Name _____ Gender: Male Female Non-conforming

Age: _____ Relationship to Applicant: _____

4. Name _____ Gender Male: Female: Non-conforming:

Age: _____ Relationship to Applicant: _____

Application Questions:

Please answer all 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 of the Afro Canadian Caribbean Association Mentorship Program.

3. Please describe your child's general health-

4. Is your child available to meet with a mentor eight 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-

5. Is your child willing to attend an initial training session and two in-service training sessions per year after being matched? Yes No

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

7. Is your child currently experiencing any challenges either at home or school? Yes
No

8. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide brief details.

9. Can you provide any additional background information that may be helpful to Afro Canadian Caribbean Association Mentorship Program in matching your son/daughter with an appropriate mentor?

Medical History:

Name of Primary Care Physician: _____

Telephone No: _____

Does your child have any physical challenges/mobility challenges or limitations?

Is he/she/they currently on any type of medication? If so, please specify.

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



The Afro Canadian Caribbean Association Mentee Intake Package

Consent to Participate Form

(Please read this carefully before signing.)

The Afro Canadian Caribbean Association Mentorship Program appreciates you and your child's interest in becoming a mentee. This application is intended as a means of informing and gaining the consent of a parent/guardian to allow their child to participate in the 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 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 first 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 the Afro Canadian Caribbean Association Mentorship 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 be transported by his/her/they /them mentor and/or Afro Canadian Caribbean Association Mentorship representatives while participating in the Afro Canadian Caribbean Association Mentoring Program, and that such transportation is voluntary and at his/her /they/them own risk.

_____ I release the Afro Canadian Caribbean Association 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/her/they/them participation in the program, including but not limited to transportation, and hold harmless any Afro Canadian Caribbean Association program 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 Afro Canadian Caribbean Association Mentoring Program 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.

Parental Signature: _____ **Dated:** _____

Program Manager's Signature: _____ **Dated:** _____