



Thank you for your interest in **Zetta Nicole' Girls** (ZNG) Zetta Nicole' Girls is, dedicated to providing a mentorship to at-risk young girls with an opportunity to gain work experience and transferable skills. The experiences the young girls will have while participating in this program will assist them in making the transition from school to everyday life that will ensure a better person in the future.

Our mission is to assist at-risk youth girls in the Lake County area in becoming productive citizens by providing a learning and work environment where they feel challenged, respected, and accountable as they strive to meet the demands of adulthood. We will have a staff of approximately 4 employees and, also utilize several volunteers each year who play a vital role in the organization. Zetta Nicole' Girls itself on its diversity of funding sources that make for a fiscally strong organization. Agency revenues will come from governmental contracts, charitable gifts, United Way funding, and fees for service.

**Zetta Nicole' Girls**, provides youth with an adult mentor who can meet them for at least one hour per week at a supervised location, such as the YMCA, a church, or school. The Mentor's job is to help the young person define individual goals and find ways to achieve these goals. Since the expectations of each child will vary, the job of the mentor is to encourage the positive development of the young person. By sharing fun activities and conversation, a mentor encourages positive choices and promotes high self-esteem.

**All mentors** complete a formal training and undergo a criminal background check before they are allowed to work with youth.

In order for your son/daughter to be considered for this opportunity, we need you to complete the attached **Mentee Application** and return to your point of contact/referral listed below. If you need further assistance please contact Darlene Young, Zetta Nicole' Girls (ZNG) Coordinator.

*Thank you!*

# Mentee Application

**\*\*To be completed by the Parent/Guardian\*\***

This application must be completed by the parent or guardian of the perspective youth 17 and younger. The purpose of this application is to help Zetta Nicole' Girls (ZNG) know more about you and your interests. In turn, the information you provide will help ZNG match your interests with a mentor.

## Personal Information

Date: \_\_\_/\_\_\_/\_\_\_

Youth's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male( ) Female( ) Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address:

\_\_\_\_\_ Street \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to applicant: Mother ( ) Father ( ) Other, specify: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ Alternate/Cell #: (\_\_\_\_) \_\_\_\_\_

Number of Siblings: \_\_\_\_\_ (Male(s) \_\_\_\_\_ Ages \_\_\_\_\_) (Female(s) \_\_\_\_\_ Ages \_\_\_\_\_)

Ethnicity: ( ) White ( ) Hispanic ( ) African American ( ) Asian ( ) Other \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Average GPA or Letter grade: \_\_\_\_\_

## Emergency Contact Information

*\*\*\*In the event that a parent/guardian cannot be reached, please list person(s) to contact in case of an emergency\*\*\**

_____	_____	(____)
Name	Relationship to applicant	Phone
_____	_____	(____)
Name	Relationship to applicant	Phone:
_____	_____	(____)
Name	Relationship to applicant	Phone

To be completed by the mentoring organization:

Agency Name: \_\_\_\_\_  
Type of assignment: \_\_\_\_\_ School-based \_\_\_\_\_ Site-based  
Mentor Name: \_\_\_\_\_  
Date Assigned: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Mentee Application

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### 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/ does your child want to participate in Zetta Nicole' Girls? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Briefly describe your expectations of Zetta Nicole' Girls.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is your child available to meet with a mentor at least one hour a week/four hours per month and have contact at least once a week for the next three year? Please explain any particular scheduling issues.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe your child's school performance, including grades, homework, attendance, behavior, etc:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Does your child have friends? Please describe his/ her friendships.

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6. Is your child currently having any behavioral or social problems at home or at school? If so, please provide information that may be helpful for us to know as we work with your child.

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7. Is your child currently dealing with any traumatic events (i.e. death in the family, abuse, divorce)? If yes, please provide details.

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8. Can you provide any additional background information that may be helpful in matching your son/daughter with an appropriate mentor?

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Additional comments:

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**Mentee Interest Survey**  
**\*\*To be Completed by Youth\*\***

This survey will help us know more about the child and his or her interests and help us find a good match. All mentees/mentors meet 1 hour per week and have weekly contact.

**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: \_\_\_\_

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?

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Describe your ideal Saturday.

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**Please circle all activities you are interest in:**

- |         |         |         |         |         |             |          |           |
|---------|---------|---------|---------|---------|-------------|----------|-----------|
| Biking  | Camping | Science | Cooking | Library | Sewing      | Hiking   |           |
| Boating | Music   | Sports  | Yoga    | Church  | Golf        | Swimming |           |
| Parks   | Movies  | Fishing | Animals | Reading | Board Games | Shopping | Gardening |

**List any other areas of special interest:**

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ZETTANICOLE GIRLS

## Mentee Medical History

Name of Primary Care Physician: \_\_\_\_\_ Phone No: (\_\_\_\_\_) \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Provider's Phone No. : (\_\_\_\_\_) \_\_\_\_\_

Does your son/daughter have any physical problems or limitations? ( )No ( )Yes

If yes, please describe them:

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Is your son/daughter currently receiving treatment for any medical condition or other challenges? ( )No ( )Yes

If yes, please explain:

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Is he/she currently on any type of medication? ( )No ( )Yes

If yes, please explain

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Does your son/daughter have any known allergies or adverse reactions to medications? ( )No ( )Yes

If yes, please explain:

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Are there any other medical challenges or limitations that we need to know about? ( )No ( )Yes

If yes, please explain:

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Does your son/daughter have any emotional issues or problems right now? ( )No ( )Yes

If yes, please explain:

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Is your son/daughter currently seeing a counselor or therapist? (  )No (  )Yes

If yes, please explain:

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Counselor/Therapist's Name: \_\_\_\_\_

Phone No: (    ) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_





## Mentee Permission and Release Form

\*\*\*To be completed by the Parent/Guardian\*\*\*

**Zetta Nicole' Girls (ZNG)** appreciates you and your child's interest in her 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 **Zetta Nicole' Girls**. After receiving this completed application form, we will evaluate the information and send you a letter letting you know if your child has been accepted into the mentoring project. 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 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 **Zetta Nicole' Girls** and its related activities.
- I agree to have my child follow all mentoring project 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 her mentor and/or **Zetta Nicole' Girls** staff or representatives while participating in the program, and that such transportation is voluntary and at his/her own risk.
- I release the **Zetta Nicole' Girls** staff or its representatives of all liability of injury, death, or other damage to me, my child, family, estate, or heirs that may result from her participation in the project, including but not limited to transportation, and hold harmless any **Zetta Nicole' Girls** mentor, project staff, or its representatives, both collectively and individually, of any injury, physical or emotional.
- I agree to allow the **Zetta Nicole' Girls** to use any photographic image or name of my child taken while participating in the mentoring project. 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**
- **Mentee 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

## Mentee Contact and Information Release

\*\*\*To be completed by the Parent/Guardian\*\*\*

Youth's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

I hereby grant permission for **Zetta Nicole' Girls** to make contact with my child and conduct a personal interview for the purpose of applying to be a mentee. **Zetta Nicole' Girls** may also make contact with my child on school premises for the purpose of screening and interviewing, as well as ongoing support of her participation in the program.

I authorize **Zetta Nicole' Girls** to obtain any needed information regarding my child from his/her school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff.

Furthermore, 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, myself, my child's identity, and other relevant information will be shared with the mentor to the extent that it aids in facilitating a successful match.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name *(Please print)*