



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 and your child want to participate in a mentoring program?
2. Briefly describe your expectations for the **Butterfly Project** Mentoring Program:
3. Is your child available to attend our program 4-8 hours per month and have contact at once a week for a minimum of 1 year?
4. Describe your child's school performance including grades, homework, attendance, behaviors, etc:
5. Does your child have friends? Please describe his/her friends?
6. Is your child currently having problems either at home or school?
7. Can you provide any additional background information that may be helpful to the **Butterfly Project** Youth Mentoring Program?

Medical History

Does your son/daughter have any physical limitations?

Is your son/daughter currently receiving treatment for any medical issues?

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

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



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

Is your son/daughter currently seeing a counselor?

Therapists name: _____

Butterfly Project Youth Mentoring Authorization for Participation, Information Exchange, & Medical Treatment

Participant's Name: _____
Last Name First Name

Birth date: _____

AUTHORIZATION

- 1) **Participation:** I hereby give my permission for my son/daughter listed above to participate in the **Butterfly Project** Youth Mentoring Program during for the 2014-2015 program year.
- 2) **Medical Treatment:** The Program Director has my permission to have the participant treated for minor injury or medical problems. In the event of serious injury or illness, I or a representative designated below, will be contacted. Treatment will proceed before I am contacted only if the situation is urgent and does not permit delay.

Parent or Legal Guardian's Signature Date _____

Relationship to Participant

Best number to contact Parent of Legal Guardian: _____

In case of illness or injury, contact the following:

1. _____ Phone _____

Relationship to youth: _____ Cell Phone _____

2. _____ Phone _____

Relationship to youth: _____ Cell Phone _____

INFORMATION ABOUT YOUTH:

Date of last tetanus shot: _____

Blood type (if known): _____



Please read this carefully before signing:

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

Much of the information you supply in this application packet will be used to match our 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 Clinton County Youth 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 be transported by his/her **parent or mentor** while participating in the **Butterfly Project** Youth Mentoring Program, and that such transportation is voluntary and at his/her own risk.

_____ I release the **Butterfly Project** Youth 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 participation in the program, including but not limited to transportation, and hold harmless any **Butterfly Project** YOUTH 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 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:

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

Butterfly Project Youth Mentoring is an Affirmative Action/ Equal Opportunity Institution. Our programs and materials are available to all without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, marital status or family status.



MENTEE AGREEMENT

As a mentee in the *Butterfly Project* program, I will:

1. Treat my mentor with respect.
2. Tell my mentor if I'm comfortable with a certain activity.
3. Maintain trust amongst other mentees and mentors.
4. Follow the rules of the program and my parent(s).
5. Communicate and participate in program assignments and activities.

Parents:

1. Participate in quarterly parent support sessions.
2. Make sure mentees are present at every program session and contact program director of absence by phone.
3. Make sure that child is drop-off and picked-up on time. Class will run 7:00 pm -8:30 pm. Will prompt dismissal at 8:30 pm. Parents will be informed of any and all changes to times.
4. Support and Encourage.
5. Ask questions and communicate all questions and concerns to mentoring leadership.

I understand and agree to follow these policies

Mentor signature

Date

Mentee Signature

Date

Parent signature

Date