

# DESTINY OF OUR DAUGHTERS

DESTINED 2 BE MONTORING PROGRAM



*Destiny of Our Daughters*



## APPLICATION FORM YOUTH MENTEE PARTICIPANTS

Destiny of our Daughters Inc. mission is to provide young women ages 8-18 with the hope, wisdom, courage, and power to find their own unique life purpose, by teaching life skills and character building. We promote education, health, wealth, and empowerment while providing the resources young woman need to continue to grow, while properly addressing challenges of defining themselves and making a positive mark throughout their lives so that they can become the FUTURE LEADERS needed to shape, grow, and expand ERIE.

### Parent/Guardian Information

Parent/ guardian first and last name(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell Home Work

Email: \_\_\_\_\_

How do you prefer to be contacted? Phone call                      Text      Email

### Mentee Information

Mentee's first and last name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone number (if applicable): \_\_\_\_\_

Email (if applicable): \_\_\_\_\_

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

Birthday: \_\_\_\_\_

Gender: \_\_\_\_\_ Race/ethnicity: \_\_\_\_\_

If you desire your meetings to occur outside of school, indicate below which day(s) work best:

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Specify what time of day you are available to meet outside of school:

\_\_\_\_\_

List any medical, concerns, mental health conditions or allergies

\_\_\_\_\_

\_\_\_\_\_

### Mentee information continued

Note any involvement with social services or the judicial system:

\_\_\_\_\_

\_\_\_\_\_

Interests, hobbies, or activities you would enjoy sharing with a mentor:

\_\_\_\_\_

\_\_\_\_\_

What do you think would be helpful in having a mentor?

- Someone to talk with
- Encouragement
- Gaining perspective
- Personal growth
- Service
- Other: \_\_\_\_\_

What would you like to accomplish through connecting with a mentor?

- Direction
- Spiritual growth
- Safe place for me to talk
- Positive outlook
- Accountability
- Other: \_\_\_\_\_

Describe the personality of a person or people with whom you get along well:

- Listener
- Wise
- Deep thinker
- Encourager
- Athletic
- Adventurous
- Outgoing
- Reserved
- Free spirited
- Funny
- Sarcastic
- Intelligent
- Talkative
- Organized
- Confident
- Outspoken
- Humble

Other: \_\_\_\_\_

**Finish the sentence below. No answer is right or wrong.**

I really feel connected when \_\_\_\_\_

I feel angry when \_\_\_\_\_

I am most joyful when \_\_\_\_\_

A job or task that I really enjoy is \_\_\_\_\_

I feel hurt when \_\_\_\_\_

What is the most important thing that you think your mentor should know about you?

\_\_\_\_\_

Mentee signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent/Guardian Consent Form

Destined 2 Be Mentoring Program is a program provided by Destiny of Our Daughters Inc. and is available to girls middle school and high school girls ages 13- 18. Mentoring is proven to greatly benefit the academic, social and emotional wellbeing of children and can provide a source of motivation, encouragement and inspiration for both the mentee and the mentor.

All mentors involved in the program are thoroughly screened and must complete a background check for your child's safety. Mentors receive training to lay the foundation for a successful mentoring relationship as well as clarify roles, boundaries, expectations, and safety issues.

Destiny of Our Daughters staff and mentors are required to report any minor (under 18 years of age), who is currently endangered by abuse or neglect, and to report if children are suspected of being a danger to themselves or others. Destiny of Our Daughters is not responsible for any accident or loss of property incurred during the mentoring relationship. Destiny of Our Daughters, its staff and mentors are released of any fault or liability of any kind or nature incurred during the mentoring relationship.

In permitting your child to participate in the Destined 2 Be Mentoring program, you understand that Destiny of Our Daughters is authorized to release or exchange any relevant information with its partners for reporting purposes alone. Destiny of Our Daughters requests permission for your youth to participate in Destined 2 Be Mentoring. Participation is completely voluntary.

Please check the appropriate boxes:

- I have read the program description and understand the goals and purpose of the program.
- YES, I give consent for my child, (name) \_\_\_\_\_, to participate in Destined 2 Be Mentoring and affirm that my youth is in middle or high school. (Exceptions can be made with the approval of the D2B Program Coordinator)
- I permit any relevant information to be released and exchanged with my child's school.
- I give approval that any photographs or visual materials produced by or for Destiny of Our Daughters, picturing my child participating in the program may be used for promotional purposes.

Parent/Guardian name (print) \_\_\_\_\_

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

**PLEASE SUBMIT COMPLETED APPLICATION WITH ALL REQUESTED DOCUMENTS TO**

**DESTINY OF OUR DAUGHTERS**

**IN PERSON**

**OR BY EMAIL: [DESTINED2BE2016@YAHOO.COM](mailto:DESTINED2BE2016@YAHOO.COM)**

**ANY QUESTIONS OR CONCERNS PLEASE CONTACT**

**SHATERIA FRANKLIN 814-218-4508 OR BY EMAIL: [DESTINED2BE2016@YAHOO.COM](mailto:DESTINED2BE2016@YAHOO.COM)**