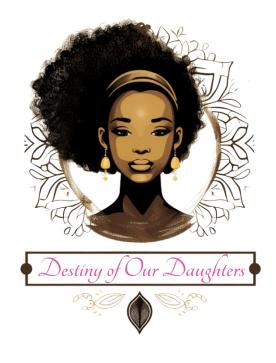
DESTINY OF OUR DAUGHTERS

DESTINED 2 BE MONTORING PROGRAM



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 na			
Mailing address:			
Phone number:	Cell H	Home Work	
Email:			
How do you prefer to be contact	ed? Phone call	Text	Email
Mentee Information			
Mentee's first and last name:			
Mailing address:			
Phone number (if applicable):			
Email (if applicable):			
School:		Gra	ade
Birthday:			
Gender:	Race/ethnicity:		
If you desire your meetings to or	ccur outside of school	l, indicate bel	ow which day(s) work best
Mon. Tues. Wed. Thurs. Fri. Sat	. Sun.		
Specify what time of day you are	e available to meet or	itside of scho	ol:
List any medical, concerns, men	tal health conditions	or allergies	
, concerns, men	tar mounti conditions	or unergies	
Mentee information continued			
Note any involvement with socia	al services or the judi	cial system:	
		<u> </u>	
Interests, hobbies, or activities y	ou would enjoy shari	no with a mei	ntor:
	ou would enjoy share	with a file	

What	do you think would be helpful in having	a mentor?
0	W V V V V V V V	
0	Encouragement	
0	Gaining perspective	
0	Personal growth	
0	Service	
0	Other:	<u> </u>
What	would you like to accomplish through co	nnecting with a mentor?
0	Direction	•
0	Spiritual growth	
0	Safe place for me to talk	
0	Positive outlook	
0	Accountability	
0	Other:	
Descri	ribe the personality of a person or people v	with whom you get along well:
0	Listener	
0	Wise	
0	Deep thinker	
0	Encourager	
0	Athletic	
0	Adventurous	
0	Outgoing	
0	Reserved	
0	Free spirited	
0	Funny	
0	Sarcastic	
0	8	
0	Talkative	
0	Organized	
0	Confident	
0	Outspoken	
0	Humble	
Other:		
Finis	sh the sentence below. No answer	is right or wrong.
I really	ly reel connected when	
I feel a	angry when	
I am n	most joyful when	
I teel I	hurt when is the most important thing that you think	1 111 1 1
What	is the most important thing that you think	your mentor should know about you'?
.	. ,	ъ.
Mente	ee 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:

0	I have read the	program descrip	ption and understand	d the goals and p	ourpose of the program

- 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)
- o I permit any relevant information to be released and exchanged with my child's school.
- o 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 ANY OUESTIONS OR CONCERNS PLEASE CONTACT

SHATERIA FRANKLIN 814-218-4508 OR BY EMAIL: DESTINED2BE2016@YAHOO.COM