

## LOUISVILLE ORPHAN CARE INITIATIVE SAMPLE PROCEDURE

### Mentee Screening Procedure

Board Approval Date: \_\_\_\_\_

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

In accordance with the Louisville Orphan Care Initiative Mentoring Program screening policy, mentoring program staff should complete the steps below to determine if a candidate qualifies to become a mentee.

1. Upon receiving and approving a referral for any youth, program staff must begin the process by mailing a Parent/Guardian Referral Letter, times of upcoming mentee orientation sessions, and an application packet. It is advised that the staff do a follow-up call to the parent/guardian within 72 hours of mailing the letter.
2. The applicant must return all completed materials in the application packet given to them during the inquiry process, including the Written Application, Contact and Information Release, and Mentee Interest Survey.
3. A mentee file should be created for all prospective mentees who return a completed application. A Mentee Contact Sheet should be kept on top of one side of each file. The file should also contain the Mentee Assessment Summary followed by all other application materials and interview notes. As each component of the screening process is completed, update the checklist on the Mentee Assessment Summary.
4. Mentoring program staff must then make an appointment and conduct an in-person interview with the prospective mentee.
5. Based on all information gathered above, complete the Mentee Assessment Summary and make a final determination as to the appropriateness of the participant's involvement in the program.
6. Send out an acceptance or rejection letter to the mentee or parent/guardian based on the overall assessment of appropriateness.
8. If applicant is rejected, the applicant's file should be placed into the file area of ineligible applicants.
9. If the applicant is accepted, the mentee must complete an initial two-hour training prior to being matched with a mentor.

# LOUISVILLE ORPHAN CARE INITIATIVE MENTORING PROGRAM

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## Mentee Referral

(For Use by School and Other Community Agency Staff)

Youth name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Requested by: \_\_\_\_\_

Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The child is being referred for assistance in the following areas (check all that apply):

<input type="checkbox"/>	Academic Issues	<input type="checkbox"/>	Behavioral Issues	<input type="checkbox"/>	Delinquency	<input type="checkbox"/>	Vocational Training
<input type="checkbox"/>	Self-Esteem	<input type="checkbox"/>	Study Habits	<input type="checkbox"/>	Social Skills	<input type="checkbox"/>	Peer Relationships
<input type="checkbox"/>	Family Issues	<input type="checkbox"/>	Special Needs	<input type="checkbox"/>	Attitude	<input type="checkbox"/>	

Other, specify:

Why do you feel this youth might benefit from a mentor?

What particular interests, either in school or out, do you know of that the child has?

What strategies/learning models might be effective for a mentor working with this youth?

On a scale of 1–10 (10 being highest) rate the student's level of:

\_\_\_\_\_ Academic performance

\_\_\_\_\_ Social skills

\_\_\_\_\_ Self-esteem

\_\_\_\_\_ Family support

\_\_\_\_\_ Communication skills

\_\_\_\_\_ Attitude about school/education

\_\_\_\_\_ Peer relations

With what specific subjects, if any, does the student need assistance?

Additional comments:

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## Parent/Guardian Referral Letter

March 15, 2010

To the parents of: \_\_\_\_\_

Your son/daughter has been referred to participate in the Louisville Orphan Care Initiative Teen Moms Mentoring Program that matches a community volunteer with a youth to serve as a one-on-one mentor. The mentor role is that of a friend, coach, and guide. The program begins with 12 weeks of small group sessions. Subsequently, a mentor would meet with your son/ daughter once a week for a year and take personal interest in the growth and development of your son/daughter.

We hope that you will grant permission for your son/daughter to participate in the program. Louisville Orphan Care Initiative will offer support and guidance for both the youth and mentors and will do our best to ensure the success of the relationship.

Please read and fill out the Program Brochure, Written Application, Contact and Information Release, and Mentee Interest Survey. We encourage you to have the youth help complete the application materials. If you have any questions, please feel free to contact me.

I look forward to hearing from you.

Sincerely,

Lisa Owen  
Program Coordinator  
Louisville Orphan Care Initiative Teen Moms Mentoring Program  
(502) 648-7179

# LOUISVILLE ORPHAN CARE INITIATIVE MENTORING PROGRAM

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## Mentee Application

(To Be Completed by the Parent/Guardian)

### Personal Information

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Relationship to Youth: Mother \_\_\_ Father \_\_\_ Other, specify: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Youth Social Sec. #: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

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

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

### 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/your child want to participate in a mentoring program?
2. Briefly describe your expectations for the Louisville Orphan Care Initiative Teen Moms Mentoring Program:

3. 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? Please explain any particular scheduling issues.
4. Is your child willing to attend an initial mentee training session and two in-service training sessions per year after being matched?
5. Describe your child's school performance including grades, homework, attendance, behaviors, etc.:
6. Does your child have friends? Please describe his/her friendships.
7. Is your child currently having any problems either at home or school?
8. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.
9. Can you provide any additional background information that may be helpful to Louisville Orphan Care Initiative in matching your son/daughter with an appropriate mentor?

**Medical History**

Name of Primary Care Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Does your son/daughter have any physical problems or 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 or daughter currently seeing a counselor or therapist?

Therapist's Name: \_\_\_\_\_

**Please read this carefully before signing:**

Louisville Orphan Care Initiative 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 daughter to participate in the Louisville Orphan Care Initiative Teen Moms 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 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 Louisville Orphan Care Initiative Teen Moms 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 mentor and/or Louisville Orphan Care Initiative staff or representatives while participating in the Louisville Orphan Care Initiative Mentoring Program, and that such transportation is voluntary and at his/her own risk.

\_\_\_\_\_ I release the Louisville Orphan Care Initiative 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 Louisville Orphan Care Initiative mentor, program staff, 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 Louisville Orphan Care Initiative 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.

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
- 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

Please return or mail this application and the items listed above to Mentoring Program, Mentor Coordinator, Louisville Orphan Care Initiative, Teresa Dillon, 2106 Gateway Court, Louisville, KY 40299.

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## Contact and Information Release

(To Be Completed by the Parent/Guardian)

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

I hereby grant permission for Louisville Orphan Care Initiative Mentoring Program to make contact with my child and conduct a personal interview for the purposes of applying to be a mentee. Louisville Orphan Care Initiative may also make contact with my child on school premises for the purposes of screening and interviewing as well as ongoing support of his/her participation in the mentoring program.

I authorize Louisville Orphan Care Initiative 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.

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

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

\_\_\_\_\_  
Date

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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## Mentee Interest Survey

(To Be Completed by Youth)

Please complete all the following. This survey will help Louisville Orphan Care Initiative Mentoring Program know more about you and your interests and help us find a good match for you.

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?

Describe your ideal Saturday.

Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas of special interest: