

STEP 1 MENTORING PROGRAM

**"REAL MEN GIVING REAL TIME"**

100

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BLACK MEN  
OF SYRACUSE INC.

**WHAT THEY SEE IS WHAT THEY'LL BE**

# 100 BLACK MEN OF SYRACUSE, INC.

## Mentee Application

(To Be Completed by the Parent/Guardian/Legal Care-Giver)

### 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	Gender	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 100 Black Men of Syracuse Inc. Mentoring Program:
3. Is your child available to meet with members of the 100 and have contact at least once a week for a minimum of one year? Please explain any particular scheduling issues.

4. Describe your child's school performance including grades, homework, attendance, behaviors, etc.:
5. Does your child have friends? Please describe his/her friendships.
6. Is your child currently having any problems either at home or school?
7. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.
8. Can you provide any additional background information that may be helpful to 100 Black Men of Syracuse Inc. in providing mentoring services to your son/daughter?

**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**

100 Black Men of Syracuse Inc. 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 100 Black Men of Syracuse Inc. Mentoring Program.

After receiving the completed application form, we will evaluate the information and inform you if your child has been accepted into the program. The information you supply in this packet will be used to determine your child's eligibility. Therefore, the mentoring staff may, at times, need to access and share this information with other parties when necessary.

**Please initial each of the following**

\_\_\_\_\_ I give my informed consent and permission for my child to participate in the 100 Black Men of Syracuse Inc. 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 100 Black Men of Syracuse Inc. staff or representatives while participating in the 100 Black Men of Syracuse Inc. Mentoring Program, and that such transportation is voluntary and at his/her own risk.

\_\_\_\_\_ I release the 100 Black Men of Syracuse Inc. 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 100 Black Men of Syracuse Inc. 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 agree to allow 100 Black Men of Syracuse Inc. 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:

Program Coordinator / Mentoring Chair  
100 Black Men of Syracuse Inc.  
2610 South Salina St.  
Syracuse, New York 13205  
(315) 443-8749

# 100 BLACK MEN OF SYRACUSE, INC.

## **Contact and Information Release**

(To Be Completed by the Parent/Guardian)

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

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

I hereby grant permission for the 100 Black Men of Syracuse Inc. to make contact with my child and conduct a personal interview for the purposes of applying to be a mentee. The 100 Black Men of Syracuse Inc. 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 the 100 Black Men of Syracuse Inc. 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 may be shared with other members of the 100 to aid in determining suitable program activities.

\_\_\_\_\_  
Parent/Guardian/Legal Care-Giver Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

# 100 BLACK MEN OF SYRACUSE, INC.

## Mentee Interest Survey

(To Be Completed by Youth)

Please complete all the following. This survey will help **100 Black Men of Syracuse Inc.** 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/ Pets	<input type="checkbox"/>	Painting/ Photos	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas of special interest: