

Cinderella Mentoring Program

“Creating A Better Future For At-Risk Girls”

Application Questions

Please answer all 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 Cinderella Program:
3. Is your child available to meet with a mentor 8 hours per month and have contact at least once a week for one year? Please explain any 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 her friendships:
7. Is your child currently having problems either at home or school?
8. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce, etc.)? If yes, please provide details:
9. Can you provide any additional background information that may be helpful to the Cinderella Program in matching your daughter with an appropriate mentor?
10. Has your child ever used illegal tobacco products/drugs/alcohol? If so, what substances were used and how often?
11. Has your child ever been in trouble with the law?
12. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your child's mentoring activities and/or progress, and give or receive feedback regarding any difficulties during your child's participation in the mentoring program?

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Medical History

Please answer as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

Name of Primary Care Physician:		Phone Number:	
Medical Insurance Provider:	Policy Number:	Phone Number:	
1. Does your daughter have any physical problems or limitations?			
2. Is your daughter currently receiving treatment for any medical issues?			
3. Is she currently on any type of medication? If so, please specify:			
4. Does your daughter have any known allergies or adverse reactions to medications? If yes, please describe them below:			
5. Does your daughter have any emotional issues or problems currently or in the past?			
6. Is your daughter currently seeing a counselor or therapist? If yes, for how long?			
Therapist's Name:		Phone Number:	

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The Cinderella Program appreciates your interest in placing your child with a mentor.

Please read this carefully before signing:

Please initial each of the following:

_____ I give my informed consent and permission for my child to participate in the Cinderella 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 her mentor and/or Cinderella Program staff or representatives while participating in the Cinderella Mentoring Program, and that such transportation is voluntary and at his/her own risk.

_____ I release Cinderella Program of all liability of injury, death, or other damages to me, my child, family estate, heirs, or assigns that may result from her participation in the program, including but not limited to transportation, and hold harmless any Cinderella Program 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 Cinderella Program 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 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

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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 the Cinderella Mentoring Program to contact my child and conduct a personal interview for the purposes of applying to be a mentee. Cinderella Program may also contact my child on school premises for the purposes of screening and interviewing as well as ongoing support of her participation in the mentoring program.

I authorize Cinderella Program to obtain any needed information regarding my child from 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 & Parent/Guardian)

Name: _____ Date: _____

Please complete all the following. This survey will help the Cinderella Mentoring Program know more about you and your interest and help us find a good match for you.

1. What are the most convenient times for you to meet with your mentor? Please check all that apply.

Weekdays:	After School:	Evenings:	Weekends:	Other:
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2. Do you speak any languages other than English? If so, which language(s)?
3. What are some favorite things you like to do with other people?
4. What are your favorite subjects in school?
5. If you could learn about a job/career, what would it be?
6. What are your favorite subjects to read about?
7. What is one goal you have set for the future?
8. If you could learn something new, what would it be?
9. What person do you most admire and why?
10. 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"/>	Movies
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Prof. Plays
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping
<input type="checkbox"/>	Painting	<input type="checkbox"/>	Arts	<input type="checkbox"/>	Needle Work	<input type="checkbox"/>	Reading	<input type="checkbox"/>	Computer
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

MAIL YOUR COMPLETED APPLICATION TO, or SEE BELOW:

Cinderella Program
ATTN: Program Coordinator
P.O. Box 34226
Fort Worth, TX 76162

Fort Worth Community Center applicants, please call the number below for the days Cinderella Program staff members will be at your location in order to turn in your application(s).

For questions call: **817-400-0400**