

Girls In Action, Inc.
"All Kids Are Our Kids"

Sister 2 Sister Mentoring Program
Child Application

(To be completed by the parent/guardian) (please print)

The following questions are asked to aid us in selecting the best mentor for your child. Thank you for all your assistance.

Child's Name: _____
 first middle last nickname

Address: _____ Phone: _____

Date of Birth: _____ Race: _____

E-mail address _____

Father's Name: _____

Address: _____ Home Phone: _____

Employment: _____ Work Phone: _____

Mother's Name: _____

Address: _____ Home Phone: _____

Employment: _____ Work Phone: _____

Stepparent(s) or Significant Other names (if applicable)

Male: _____ Female: _____

Legal Guardian of child (if applicable): _____

Address: _____ Phone: _____

Relationship to child: _____ E-mail address _____

Child comes from a family unit where parents are:

Married Divorced Separated Single parent Widowed Co-habiting Other

Please list your child's brothers or sisters

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Will any of the sisters be participating in the Girls In Action mentoring program. Y or N.
If the answer is yes, please put a check mark by the child's name above.

Has the child been matched through Girls In Action, Inc. in the past? Yes or No

If yes, what was the name of your child's mentor: _____

What school does the child attend? _____ Grade: _____

What is your child's attitude toward school?

What are your child's interests? (church, clubs, activities, or organizations)

What is your child least interested in?

Would you have any objections if your child was matched up with a person from a different ethnic or religious background? (circle one) Yes No

How would you best describe your child?
(examples – shy, outgoing, moody, active, etc.)

Does your child have any past history with medical, physical or emotional conditions that Kinship should be aware of? Please list all current medications we should be aware of.

Has your child ever received counseling or therapy, or been involved with the police?

Are there any current problems or adjustments that Girls In Action should be aware of?

Are there any questions you would like to ask the Girls In Action's Board of Directors? If so, please note a time that would be best for you and we will give you a call.

What are the best times of day and days of the week to reach you by phone?

Please rate your child in the following areas

Behavior – home	(poor)	1	2	3	4	5	(very good)
Behavior – school	(poor)	1	2	3	4	5	(very good)
Social skills – peers	(poor)	1	2	3	4	5	(very good)
Social Skills – others	(poor)	1	2	3	4	5	(very good)
Attitude	(poor)	1	2	3	4	5	(very good)
School interest	(poor)	1	2	3	4	5	(very good)
Helpfulness	(poor)	1	2	3	4	5	(very good)
Self Esteem	(poor)	1	2	3	4	5	(very good)

We want you to be aware that we try to make our matches as soon as possible. However, due to lack of mentors and our desire to match your child with someone who is compatible, this process does take some time. You will be contacted by Girls In Action as soon as we have a match.

Permission

YES! I give approval to my child's participation in Girls In Action's Sister 2 Sister mentoring program and pledge my support in helping the friendship between my child and her mentor grow. I know that I can contact the Girls In Action's Director, or Girls In Action Board of Directors with my questions and I give permission for the same to contact me for the purpose of assisting in matching my child with a mentor and then assessing the progress of the match.

I realize that I may withdraw my child from the Sister 2 Sister program at any time, but I agree to contact the Girls In Action Director or the Girls In Action Board of Directors as well as my child's mentor before doing so.

I relieve Girls In Action, Girls In Action volunteer staff, and the Girls In Action Board of Directors from any liability relating directly to the participation of my child or myself in any Girls In Action activities. Unless specifically revoked, this permission extends to all special Girls In Action events as well as activities of my child with her mentor.

I give my permission that information given in the application may be shared with my child's mentor, if necessary.

I have read the cover letter, application, and this permission slip, understand it and agree to all provisions.

Signature of parent/guardian _____ **Date** _____

I give permission to Girls In Action to photograph my child at Girls In Action activities. I understand this photograph may be used for public purposes, which may include publication in the local newspaper or websites.

Parent/Guardian Signature _____ **Date** _____

I authorize a Girls In Action mentor or Girls In Action Director to secure medical attention for my child should an emergency arise.

Parent/Guardian Signature _____ **Date** _____

Photo

If you have an extra picture of your child, we would appreciate having one for our files, however it is not a requirement of the program.

Girls In Action Parent and Child Match Agreement

Dear Parent/Guardian,

We are very glad to be able to facilitate a sisterly friendship between your child and her mentor through the Girls In Action's Sister 2 Sister mentoring program.

Following is a list of responsibilities and agreements that Girls In Action believes will help create a successful match for child and mentor.

If you have any questions, please feel free to contact the Girls In Action Director or a member of the Girls In Action Board of Directors.

1. Girls In Action kids have an opportunity to learn how to be a friend. Please encourage your child to call her mentor regularly (but not too often) to set up weekly meetings and let the mentor know that the sisterly friendship is important to them!
2. Most mentors would like to feel appreciated. Please encourage your child to say THANK YOU after an outing and let the mentor know when she has had a good time.
3. Parents and children should be as prompt and dependable and avoid unnecessary cancellations. In the event of illness or other emergency, please notify the mentor as soon as possible.
4. If a problem arises over a suggested activity, cost of the activity, etc, please try, if at all possible, to resolve this through open discussion with the mentor. If you are unable or unwilling to discuss the problem with the mentor, please call the Girls In Action Director for assistance.
5. Please do not make requests of the mentor that are outside the purpose of the program (providing transportation for you or as a babysitter, etc.)
6. Please do not ask mentors to take siblings or other children not specifically assigned to the match.
7. Parents should make sure they are at home when the child is expected home after an activity. If this is not possible, make arrangements for an adult to be there and inform the mentor of this beforehand.
8. Mentors are encouraged to keep expenses to a minimum and not to feel obligated to spend money on their match. However, mentors may sometimes arrange activities that involve some expense. Some may be willing and able to pay for your child on these occasions: others may not.

Please be open and honest with the mentor about your willingness and ability to contribute on these occasions. Make sure your child understands that the mentor is there to be a friend and companion.

9. Since you have applied for a Girls In Action mentor for your child in the belief that it would be beneficial for her, please do not be tempted to withhold the relationship as a form of punishment when your child misbehaves. This puts the mentor in a very awkward position and puts a strain on the relationship. Other means of discipline or natural consequences are more appropriate than denying the friendship.
10. Mentors are not disciplinarians or substitute parents. However, they are allowed to exercise reasonable control of children when they are together. This does not include the use of any physical force or restraint. Mentors have been encouraged to discuss any discipline problems privately with you, or to contact the Girls In Action office for advice. Please help by talking with your child about appropriate behavior.
11. Please report any change in your family situation which affects the match to the Girls In Action office immediately. Also report any changes in your address or phone number. It is very important for us to be able to keep in touch with you through mailings and by phone.
12. The Girls In Action mentor should not be involved herself or asked to get involved in family matters that do not have a direct bearing on her relationship with the child.
13. The Girls In Action Board of Directors does not recommend overnight visits.
14. Please maintain one contact per month with Girls In Action staff. A staff person will phone or email to check in on the match, answer questions, and be sure things are going smoothly.
15. You will be notified via the Girls In Action newsletter of Girls In Action activities. Families are welcome to attend.

I have read and fully understand my responsibilities as a participant in the Girls In Action program. I promise to cooperate with my child's mentor, be open and honest in my communication with her and support and encourage the friendship to the best of my ability. I will call a Girls In Action staff person immediately if I have any concerns or if any problems arise in the match.

Parent/Guardian Signature _____

Date _____