



G.I.R.L.S. Club

Girls Influenced by Righteous Living in all Situations

2019-20 Application

G.I.R.L.S. Club

Vision: To empower teen girls to reach their fullest potential in life.

Mission: G.I.R.L.S. Club provides a nurturing, community-based and school-based mentoring program that empowers girls behaviorally, academically, socially, emotionally, and spiritually. We meet the needs of girls via nurturing relationships from positive mentors within the community.

Description: G.I.R.L.S. Club is a safe-haven where girls get to express themselves and discuss real life situations and how to best handle them. Meetings are held twice a month for 2 hours. All curriculum and activities are led by trained female mentors who lead participants in discussions on a myriad of topics (see list below).

The club fosters leadership skills by addressing and meeting each girls' social and academic needs and ensures that girls are effective communicators and critical thinkers who can make sound decisions in life.

Benefits: There are several benefits for being involved in the G.I.R.L.S. Club Mentoring Program.

- 1) Establishes a relationship between mentors and mentees, which creates a sense of belonging.
- 2) Enhances confidence in the mentees.
- 3) Promotes self-efficacy in which mentees set goals and learn how to best achieve them.
- 4) Provides access to a support system during critical years of development.
- 5) Exposes mentees to diverse perspectives and experiences.
- 6) Provides opportunities for mentees to experience social outings.
- 7) Establishes an understanding of the negative impacts of risky behavior.

Mentors: Mentors are committed volunteers who have a passion to listen, support, and guide young girls into making wise choices in life, regardless of the situations they may experience. Mentors are trained on key club principles as well as curriculum that addresses a myriad of topics, see list below. Mentors are screened and have clean driving records.

Mentees: G.I.R.L.S. Club is for any 5th-12th grade girl in the Hampton Roads Area.

Primary Topics covered:

Cyber Bullying & Bullying
Understanding Anger
Coping with Stress
Disagreeing Respectfully
Staying in Control
Making Good Decisions
Giving and Getting Support
Responding to Bullying
Sexual Harassment
Empathy and Communication
Myths and Facts
Norms and Attitudes
Goal Setting
Mental Health
Self-Esteem/Self-Worth
Positive Body Image
Public Speaking
Etiquette
Conflict Resolution
Healthy vs. Unhealthy Relationships
Personal Finance
And More

Parental Involvement: Parents and guardians are required to attend an orientation. Orientation will include goals of the program, the role of the mentor, the benefits of club participation, program agreements and policies, parent roles and responsibilities, and usage of program as a means of individual growth and not as a reward or punishment. Involvement is always welcomed because it provides the stability and support the mentor-mentee relationships need to flourish.

Attendance Policy:

All girls will be dismissed at the end of the meeting and parent pick-up promptly at the designated time if transportation is not provided. Any mentee who has more than four late pick-ups may result in dismissal from the program.

G.I.R.L.S. club members are mandated to attend all scheduled meetings unless a pre-arranged absence has been requested. In order to stay active, girls may not miss any more than five meetings in a calendar year. Any mentee who does not adhere may result in dismissal from the program. New members are welcome to join at any time.

Mentee Application

(To be Completed by the Parent/Guardian)

Please PRINT all information and answer all questions. Only complete forms will be processed!
All information provided remains confidential and is used for both safety and funding purposes.

MEMBER INFORMATION

First Name _____ Last Name _____

Date of Birth ____/____/____ Instagram: _____

Street Address _____ Apt./Suite (if applicable) _____

Zip Code _____ Cell Phone _____ E-mail _____

If a renewing member, in what year did you first join the Club? _____ T-shirt size _____

SCHOOL INFORMATION

School Name _____

Type of School (circle one) Home Parochial Private Public

Current Grade Level _____ Did your child progress to the next grade on time? (circle one) YES NO

Anticipated High School Graduation Year _____

MEDICAL INFORMATION

Insurance Carrier _____ Policy # _____

Allergies _____ Medications _____

Medical, Physical, Social Disabilities (check all that apply):

___ ADD ___ Autism/Aspergers ___ Mobility Impaired

___ ADHD ___ Diabetes ___ None

___ Allergies ___ Hearing Impaired ___ Other

___ Asthma ___ Learning Disability ___ Visually Impaired

Explain any medical, physical, or social challenges: _____

I authorize the G.I.R.L.S. Club staff are that are trained in the basics of first aid and/or CPR to give my child(ren) first aid when appropriate and I give permission to the G.I.R.L.S. Club to seek emergency medical treatment for my child(ren) if I cannot be reached, I will be responsible for any and/or all cost of the medical attention and treatment.

Parent/Guardian/Signature: _____ Date: _____

PARENT/GUARDIAN INFORMATION

Name _____ Relationship to Member _____

E-mail _____ Phone _____

Address (if different from member) _____

Other Phone _____ Employed? YES NO

EMERGENCY CONTACT INFORMATION

Name #1 _____ Relationship to Member _____

Phone _____ Other Phone _____

Name #2 _____ Relationship to Member _____

Phone _____ Other Phone _____

Parent/Guardian Consent & Release Information

Please initial after each statement:

- I give informed consent and permission for my child to participate in mentoring activities as a member of G.I.R.L.S. Club. **X** _____
- I agree to have my child picked up promptly at 4:00 PM following each meeting. **X** _____
- I agree to have my child to follow all mentoring program guidelines and understand any violation on my child’s part may result suspension/termination of the mentoring relationship. **X** _____
- I hereby release, waive, acquit, and forever discharge G.I.R.L.S. Club, their representatives, successors, insurers, assigns or any other person or entity associated with the above organization such as staff, mentors, volunteers from all liability, claims, demands, or causes of action for any and all loss, damage, or injury and any claim of damages resulting from use of facilities owned or controlled by the above organization or participation in activities either at or away from the G.I.R.L.S. Club. **X** _____
- My child has permission to be used in public relation materials for the G.I.R.L.S. Club. Examples of these materials include photographs, videos, literature, web pages, and new releases in both traditional and electronic media. **X** _____
- I will encourage my child to participate in all meetings, workshops, cultural and educational events, and retreats as well as any other opportunities that may not as of yet be scheduled, with the understanding that I will be notified about changes in the schedule. **X** _____
- I will be responsible for asking questions of my daughter and of the leadership to ensure that the materials used in the program are agreeable to me. **X** _____
- I understand that all personal information will be kept confidential. **X** _____

I understand I must return all of the following completed items along with this application and that any incomplete information may delay the 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 above terms and conditions.

Signature

Date

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 G.I.R.L.S. Club Mentoring Program.
3. Is your child available to participate bi-weekly with the G.I.R.L.S. Club mentoring program?
4. Are you and your child willing to attend an initial orientation and other mandatory parent meetings throughout the year?
5. Describe your daughter's school performance including grades, homework, attendance, behaviors, etc.?
6. Please describe your daughter's friendships or social relationships.
7. Is your daughter currently having any problems either at home or at school? Explain
8. Has your daughter experienced any traumatic events (death in the family, abuse, divorce)? If yes, please provide details.
9. Can you provide any additional background information that may be helpful to G.I.R.L.S. Club in providing mentorship to your daughter?

Contact and Information Release

(To Be Completed by Parent/Guardian)

Child's Name: _____ Date: _____

School: _____

I hereby grant permission for G.I.R.L.S. Club to make contact with my child's school for the purposes of screening and interviewing as well as ongoing support of her participation in the mentoring program.

I authorize G.I.R.L.S. Club to obtain any information regarding my child from her teacher 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 shared with prospective mentors.

I grant my daughter permission to participate in this exciting mentoring program.

Parent/Guardian Signature Date

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____

Mentee/Parent Contract

(To be completed by Parent/Mentee)

I, _____, agree to participate in the G.I.R.L.S. Club Mentoring Program. I understand that the mentor is a volunteer who wants to help me to be a success in school and in life and will act as a friend, advisor, and role model. I also understand that no monetary assistance is provided by the mentor or program.

In return, I agree to:

- Try hard to have a good relationship with the mentor,
- Attend all required program activities;
- Abide by the rules and regulations of the program;
- Communicate with the program coordinator if I feel uncomfortable or experience problems at any time during the program; and
- Fill out a survey at the end of the year.

I understand that if I miss four mentoring sessions or have four late pick-ups I may lose the privilege of participating in the *G.I.R.L.S. Club*.

Parent/Guardian Signature

Mentee Signature

Mentee Interest Survey

(To Be Completed by Youth)

Please complete all of the following. This survey will help G.I.R.L.S. Club know more about you and your interests.

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 is one goal you have set for the future?

If you could learn something new, what would it be and why?

What person do you admire most and why?

Describe your ideal Saturday?

Mentee Contract

Name: _____

By choosing to participate in the G.I.R.L.S. Club, I agree to:

- Follow all rules and guidelines as outlined by the coordinator, mentee training, program policies, and this contract
- Have a positive attitude and be respectful of my mentor
- Be on time for scheduled meetings or notify the coordinator or mentor at least 24 hours beforehand
- Inform the coordinator of any difficulties or areas of concern that may arise
- Participate in the outings that are scheduled
- Participate in a closure process when I have finished out my commitment
- Notify the coordinator if I have changes in address, email, or phone number

_____ I understand that upon closure, future contact with a mentor is beyond the scope of the
(please initial) G.I.R.L.S. Club and may happen only by the mutual consensus of the mentor, the mentee, and
parent/guardian.

I agree to follow all of the above stipulations of this program as well as any other conditions as instructed by the coordinator at this time or in the future.

Signature: _____ Date: _____

Parent/Guardian Contract

Mentee Name: _____

By allowing my daughter to participate in G.I.R.L.S. Club, I agree to:

- Allow my child to participate in the G.I.R.L.S. Club
- Observe all rules and guidelines and encourage my child to do the same as outlined by the coordinator, mentee training, program policies, and this contract.
- Support my child in the mentorship process by allowing her to meet with mentors at least twice a month during the meetings.
- Support my child by picking her up from the scheduled meetings if transportation is not provided.
- Regularly and openly communicate with the coordinator as requested.
- Inform the coordinator if I observe any difficulties or have areas of concern that arise during mentorship
- Participate in a closure process when that time comes.
- Notify the coordinator if I have any changes in address or phone number.
- Provide the coordinator and the mentor with any additional health insurance information for my child.

_____ I understand that upon closure, future contact with my child and mentors is beyond the
(please initial) scope of the G.I.R.L.S. Club and may happen only by the mutual consensus of the mentor, the mentee, and parent/guardian.

_____ I understand that the purpose of the G.I.R.L.S. Club mentoring program is to develop my
(please initial) child academically, socially and behaviorally. I understand that participation in the program is vital to the success of my child.

I agree to follow all of the above stipulations of this program as well as any other conditions as instructed by the coordinator at this time or in the future.

Signature: _____ Date: _____