



AFCMentors: Mentee Application

Mail applications to 727 Atlantic Ave, 3rd Floor; Boston, MA 02111
Inform Evan at 617-224-1303 or evan@afcmentoring.net when the application is sent.

Application Materials (Needed Immediately):

- ☐ I. **Qualifications:** Determine if the youth may qualify by answering the nine questions below.
- ☐ II. **General Information:** Contact & emergency information.
- ☐ III. **Funding Referral:** Information from the Family Networks lead
- ☐ IV. **Preferences & Interests:** Information from the youth

Supplemental Materials (Needed before the youth can be matched):

- ☐ V. **Self Introduction:** Information from the youth.
- ☐ VI. **School and Language**
- ☐ VII. **Health Form**
- ☐ VIII. **Medical Information Release Form**
- ☐ IX. **Photo/Media Release & Waiver:** Allows AFC Mentoring to use pictures, quotes, etc. for publication purposes (e.g. brochures, flyers, pamphlets, website, PSAs, newsletters, etc.)
- ☐ X. **Driving Permission Form:** Allows AFC Mentoring to transport youth for group events

I. Qualifications

IMPORTANT: If you respond "No" to any of these questions, then please contact AFC Mentoring (617-224-1301) before continuing with this application, as the youth may not qualify for this program.

1. Has the youth had personal experiences with foster care or adoption?
☐ Yes ☐ No
 2. Is the youth 7 years or older?
☐ Yes ☐ No
 3. Does the youth live in Greater Boston (communities within 10 miles of Boston)?
☐ Yes ☐ No
 5. Is it likely the youth will stay within the Greater Boston area in the next 18 months?
☐ Yes ☐ No
 6. Does the youth lack relationships with supportive adults?
☐ Yes ☐ No
 7. Does the youth want a mentor?
☐ Yes ☐ No
 8. Does the youth have a social worker with Department of Children and Families?
☐ Yes ☐ No
 9. Has the Family Networks lead for the youth approved of funding for this applicant?
☐ Yes ☐ No



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II. General Information

Date of this Application: ____ / ____ / ____

MENTEE'S/YOUTH'S CONTACT INFORMATION

☐ Male ☐ Female

Mentee's Full Name: _____

Nickname: _____

Home Street Address: _____

DOB: _____

Home City, State: _____ Zip Code: _____

Home Phone: _____

Is the youth:

☐ In Foster Care ☐ Adopted ☐ Pre-adoptive ☐ Residential Care ☐ Kinship Care ☐ Group Home

☐ Other (please specify out-of-home care situation) _____

What is the youth's permanency plan? _____

Does the youth have an incarcerated parent? (needed for grant data) ☐ Yes ☐ No

Can the youth meet with his/her mentor at least 8 hours a month for at least a year? ☐ Yes ☐ No

Does the youth have an adult who can drive/transport him/her places?

Access to Car: ☐ Yes ☐ No Access to T: ☐ Yes ☐ No If so, which line(s): _____

CURRENT CARETAKER'S CONTACT INFORMATION

☐ Please check here if address is same as above

Caretaker Name(s): _____

Street Address: _____ Work Phone: _____

City, State: _____ Zip Code: _____ Home Phone: _____

E-mail: _____ Mobile: _____

Do we have permission to seek KidsNet funding? ☐ Yes ☐ No

SOCIAL WORKER'S CONTACT INFORMATION

Social Worker Name: _____

Agency Name: _____

Street Address: _____ Day Phone: _____

City, State: _____ Zip Code: _____ Home Phone: _____

E-mail: _____ Mobile: _____

If you are a DCF social worker, please check your DCF branch location:

☐ Boston Regional Office ☐ Hyde Park ☐ Dimock Street ☐ Harbor (Chelsea)

☐ Cambridge/Somerville ☐ Arlington ☐ Park Street ☐ Malden ☐ Other: _____

Legal Guardian * Please state the name(s) of the Legal Guardian(s) of the above named minor.*****

Legal Guardian Name(s): _____



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III. Funding Referral

Please note: This form must be completed prior to moving the application forward.

Family Network Lead Contact Information (REQUIRED INFORMATION)

Family Network Lead's Name: _____

E-mail: _____ Phone: _____

Family Network Supervisor's Name: _____

For the Family Networks Lead to complete:

Name of Youth: _____

Do we have permission to match this youth with an AFC Mentor? ☐ Yes ☐ No

Does this match qualify for Family Networks funding? ☐ Yes ☐ No

If you answered "No" to either question, then please explain why: _____

When should AFC match the mentee with his/her mentor?

☐ Match as soon as possible.

☐ Wait to match the mentee until funding is available.

Funding will be available: _____

Family Network Lead's Signature: _____ Date: _____

Funding Information:

AFC Mentoring is a specialized support and stabilization program for foster and adopted youth. Our mentor selection, mentor training, match support and mentee support are extensive and designed specifically for foster and adopted youth. Having a consistent positive connection has been shown to be a critical component to youth overcoming the challenges they face in foster care, and our goal is to provide youth with long-term relationships in which they can build trust and self-confidence and become empowered to define and achieve success.

AFC has a contract with Family Networks for a fee of \$507.61 per month. This funding is critical to the sustainability of our organization, and we cannot provide services without payment.

Vendor: "Adoption and Foster Care Mentoring, Inc." (aka "Foster and Adoption Mentoring and Enrichment, Inc.).

Vendor ID: VC0000190986 **Service/Program Category:** Support and Stabilization.



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IV. Preferences & Interests (please have the youth answer)

Your Mentor:

Is there someone already in your life that could become a mentor for you? ☐ Yes ☐ No

AFC Mentoring would be happy to contact that person and train him/her to be your mentor.

Name: _____ Phone: _____

Please match me as soon as possible. I have no strong preferences. ☐ Yes ☐ No

NOTE: We honor and respect any preferences the youth has. However, selecting the “**Must have it**” box, usually means it takes additional time to find a mentor that fits this preference.

My mentor should be: ☐ Female ☐ Male
☐ No preference ☐ Would like it ☐ Must have it

My mentor should have a background in out of home care (e.g. foster care, adoption, etc.)
☐ No preference ☐ Would like it ☐ Must have it

My mentor should have this ethnicity or race: _____
☐ No preference ☐ Would like it ☐ Must have it

My mentor should also be: _____
☐ No preference ☐ Would like it ☐ Must have it

Your Interests: What do you like to do in your free time? (Give specifics, if possible.)

| | |
|--------------------------------|--|
| Play sports? Which ones? | |
| Play music? What kinds? | |
| Listen to music? What kinds? | |
| Read? What kind of books? | |
| Draw, paint? What kind of art? | |
| Play video games? What types? | |
| Watch sports? Which ones? | |
| Watch TV or movies? | |
| Shop? For what? | |
| Other activities? | |

Please check one from each of the following pairs below. Are you:

a) ☐ talkative or ☐ quiet? b) ☐ funny or ☐ serious? c) ☐ energetic or ☐ laid back?



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V. Self Introduction (please have the youth answer if possible)

What do you want to be when you grow up?

Why do you want a mentor?

What should your mentor know about you?

VI. Additional Information

Your School Information:

School Name: _____ School City: _____

Grade Level: _____ Favorite Subject: _____ Least Favorite Subject: _____

| Language Abilities (optional): | |
|--------------------------------|------------|
| <input type="checkbox"/> | English |
| <input type="checkbox"/> | Chinese |
| <input type="checkbox"/> | Creole |
| <input type="checkbox"/> | Portuguese |
| <input type="checkbox"/> | Spanish |
| <input type="checkbox"/> | Other |

| Religious Affiliation (optional): | |
|-----------------------------------|-----------|
| <input type="checkbox"/> | Agnostic |
| <input type="checkbox"/> | Christian |
| <input type="checkbox"/> | Hindu |
| <input type="checkbox"/> | Jewish |
| <input type="checkbox"/> | Muslim |
| <input type="checkbox"/> | Other |

| Race/Ethnicity (optional): | |
|----------------------------|------------------|
| <input type="checkbox"/> | African American |
| <input type="checkbox"/> | Asian American |
| <input type="checkbox"/> | Caucasian |
| <input type="checkbox"/> | Hispanic |
| <input type="checkbox"/> | Native American |
| <input type="checkbox"/> | Other |



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VII. Health Form

Full Name of Youth: _____

1) Does the youth have allergies? ☐ No ☐ Yes *if so, which?*

2) Is the youth on medication? ☐ No ☐ Yes *if so, which?*

Medicine #1 name: _____ Reason for use: _____

Medicine #2 name: _____ Reason for use: _____

Medicine #3 name: _____ Reason for use: _____

3) Is the youth being treated for any other condition we should know about?

4) Has the youth been identified as having special needs? Please include all information regarding disabilities, hyperactivity disorders, or other behavioral needs.

5) Is there any activity in which the youth may not participate in?

In case of an emergency, I authorize the AFC staff to seek any medical assistance that the above named youth may require.

Signature: _____ Date: _____



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VIII. Medical Information Release Form

RE: _____
Name of Youth/Participant

The Health Insurance Portability and Accountability Act (HIPAA) were created to protect the privacy rights of individuals' personal health information. It affects all those who are in contact with medical records or personal health information. Under this law, staff and volunteer members of AFC Mentoring are restricted from sharing information with others regarding injuries or medical conditions of your child unless a release is signed.

As a condition to eligibility to participate in the mentoring programs at AFC Mentoring, guardians are required to complete and sign the following statement of disclosure authorization.

I, _____ am authorizing **FULL** disclosure of my child's personal health information in regards to any medical conditions, problems or allergies he or she may have, or any medications or doctor's care that may be prescribed for him or her during the period of my child's participation in any of AFC Mentoring's mentoring programs and activities, or any injury that my child may sustain while participating in any such program or activity. My child's personal health information may be shared with the following individuals:

AFC Mentoring staff members,
AFC Mentoring Mentors,
any Social Worker to whom my child may be assigned, and
any medical personnel to whom such child may be brought in the event of an emergency.

I understand that I may at any time revoke this authorization in writing. However, by doing so, I understand that I will forfeit my child's participation in AFC Mentoring's mentoring programs and activities.

I understand that if an unauthorized disclosure has been made, I may file a formal complaint with the United States Department of Health and Human Services.

Signature: _____ Date: _____



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IX. Photo/Media Release & Waiver

I, _____, hereby grant AFC Mentoring and its partners (including AmeriCorp and Mass Mentoring Partnership) permission to use the following selected items below to publicize and promote AFC Mentoring (e.g. in newsletters, website, etc.).

Please **check AND initial** next to the following items that you will allow AFC Mentoring to publicize:

1) My name:

a) _____ ☐ First and last name

b) _____ ☐ First name only

2) My visual image:

a) _____ ☐ Any visual image (photographic or video images)

b) _____ ☐ Non-identifying visual images only (e.g. silhouettes, hands, feet, back)

3) My statements:

a) _____ ☐ (e.g. quotes, stories, written and/or spoken)

4) My artwork:

a) _____ ☐ (e.g. drawings, pictures, photos)

I acknowledge that AFC Mentoring or its assignee has total ownership of the program or article in which my above selected information will be used. I understand that I will not receive compensation for the use of such information used to publicize and promote AFC Mentoring.

My consent to this waiver and release signifies that I completely release, promise and covenant not to sue or assert any claims against AFC Mentoring, its personnel, and/or agents of the program for liability that may arise from AFC Mentoring's use of the above selected items for the purposes stated herein. By signing below, I am acknowledging that I have read and fully understood this Release and Waiver and that I consent to the use of the above selected information to publicize and promote AFC Mentoring.

Print Full Name

Date

Signature of Participant

Date

TO BE COMPLETED BY PARENT/GUARDIAN IF PARTICIPANT IS A MINOR:

I am the legal guardian of the above-named minor and I agree to the terms of this release and consent to the use such minor's above-selected and initialed information for publicity and promotional purposes.

Print Full Name of Parent/Guardian

Date

Signature of Parent/Guardian

Date



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X. Driving Permission Form

For AFC mentors, staff, and volunteers to drive _____ (youth).

For parent/ guardian/social worker to sign:

Safety while in a car is very important for both drivers and mentees. A mentee cannot ride in a car with a driver without the mentee or mentee's guardians consent. If an accident occurs while the driver is engaged in an AFC Mentoring event, he/she should immediately seek appropriate medical attention and promptly report the incident to AFC staff.

I understand that I had the right to ask any questions before signing this. I do not hold AFC Mentoring responsible for any accident, harm, injury or death that results from driving with the mentor/staff/volunteer driver.

Parent/Guardian signature

Date