



YOUTH GUIDANCE

Mentoring & Activities Program

Welcome to the Youth Guidance Mentoring and Activities Program. We are a non-profit agency that provides mentors for children in grades K-12 who live with a single parent in Indian River County. This does exclude a parent living with a partner. The program really is for children who do not have the ability to see their absent parent on a regular basis. A mentor is simply an adult volunteer friend for the child who will serve as an extra positive role model in your child's life. Our goal is to help your child achieve their full potential and provide a mentor for each child, however, it may take some time before this happens. Fortunately, this program provides a multitude of cultural, educational and recreational activities for your child to participate in while they wait to be 'matched' with a mentor. Please remember that the more your child participates in scheduled activities, the more likely it is that they'll find a mentor. In addition to enrollment forms, you will be required to turn in your child's end of the year report card each year and a thank you letter for each of the programs they participate in in order to remain active in Youth Guidance.

Please make sure you are prepared for your enrollment appointment by providing the following:

- Participant/Child Information Sheets-** Please make sure you fill the forms out **completely**. The child form is to be filled out by or from child's point of view. Your child's Social Security/Student ID number is a requirement.
- Photo Release Form-** This form gives permission to take photos and use for publications such as local newspapers and magazines.
- Liability Release Form-** This form must be signed to participate in this program.
- Self Esteem Scale -** Your child, **age 8 and up**, is required to complete this form to measure their self-esteem.
- "Why I want a mentor for my child" letter-** First and foremost, Youth Guidance is a mentoring program. A mentor is an adult friend that would be a positive role model in your child's life. To participate, you must express in letter form why you feel your child would benefit from having a mentor.
- "Why I want a mentor" letter-**Your child, **age 8 and up**, is required to write a letter expressing why they want a mentor. If your child is younger than 8, please have them draw a picture showing something they would like to do with a mentor. Please be sure to advise your child to mention (or draw) their interests such as sports, favorite school subjects, and activities in the letter. **This letter or drawing is very important, as it will be read by volunteers looking to be matched with a child.**

For your child to become active in this program, it is required that you have all of the above documents completed and ready for review. Child must be present for enrollment. Pictures will be taken of family at enrollment.

If you have questions or need to change your appointment, please call 770-5040.



Youth Guidance Participant Information Sheet

(Complete one of these sheets per family)

How did you hear about us? _____

Parent/Guardian: _____ Date of Birth _____ Relationship to Child: _____

Are you employed? _____ If so where? _____

Other Source(s) of income/assistance: _____

Living Address _____ How long? _____

Mailing Address _____

Subdivision/Apartment Complex _____ E-Mail Address: _____

How would you like to receive your monthly Newsletter? (circle one) E-Mail Mail

Are you able to provide transportation to get your child to Saturday activities? _____

Home Phone _____ Cell Phone _____

Work Phone _____ Best number with voicemail _____

How many children do you have? _____ How many of them currently live with you? _____

Are there other friends or family living with you? _____
Re: Residence, do you: own rent other _____

Do you currently have legal custody of all the children you are enrolling in Youth Guidance? Yes No

Primary Language (circle one): English Spanish Other _____

Can Parent/Guardian Read/Write English? _____ Was Parent/Guardian in Youth Guidance as a child? _____

Current Status (circle one): Married Divorced Widow Single/ never married In a relationship

What is the Parent's/Guardian's Highest Level of Education? (circle one) No High School Diploma or GED

GED/Diploma Vocational/Technical Some College College Graduate Currently a student

Household Income (circle one): \$0-\$10,000 \$10,000-\$20,000 \$20,000-\$30,000 \$40,000+

Do you have a computer with working Internet in your home? Yes No

How many times have you moved in the past two years (circle one)? 0-1 2-3 4+

Total Number of Children in Youth Guidance after enrollment today? _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Youth Guidance Child Information Form

(Please complete one of these 2-page forms for every child you are enrolling today)

Child receives:

Child's Name: _____

Free Lunch

Male Female DOB _____ Age _____

Reduced Lunch

School _____ Grade _____

Other _____

Last 4 Digits SS# _____ 6 Digit Student ID # _____

Child's Biological Mother: _____ Race: White Black Hispanic Other _____

Child's Biological Father: _____ Race: White Black Hispanic Other _____

How often does child see mother? _____ father? _____

Has child ever lived with anyone else? Yes No If Yes, with whom and for what reason? _____

This section is to be completed by child or answered from child's point of view:

What are your hobbies? _____

What are your favorite foods? _____

Least favorite foods? _____

Do you like school? Yes No Why or why not? _____

How is your behavior in school? _____

What is your favorite subject in school? _____ Why? _____

Do you like to read? Yes No Why or why not? _____

What do you want to be when you grow up? _____

What makes you happy? _____

What makes you sad? _____

Are there things you have never done or places you've never gone, but would like to? _____

If you could make one wish, what would it be? _____

How would you describe your personality? _____

The following needs to be completed by parent: Child's Name _____

Please circle all programs that you or this child have been or are currently associated with:

- GYAC DCF The Source BOYS/GIRLS CLUB Dasie Hope Center
- Habitat for Humanity Homeless Family Center Big Brothers Big Sisters
- Housing Authority or other housing assistance New Horizons The Samaritan Center
- Suncoast Mental Health Mental Health Association Other Counselor Other

Circle all that apply to this child:

- Well adjusted ADD/ADHD Anger management Physical challenges
- Learning disability Behavioral issues Negative peers Juvenile delinquency
- Habitual suspensions Socialization problems Underage sexual activity Possible gang affiliation
- Sexual abuse (past or present) Below grade level in any subject Has had to repeat one or more grades in school
- Underage drinking or substance use, known or suspected (including cigarettes)
- Child has suffered physical/verbal abuse or neglect (past or present) Child has witnessed physical/verbal abuse
- Other _____

*Any Special Info (Medical, Academic, Emotional, Mental, etc.): _____

A child who has a biological parent currently in federal prison receives priority programming at Youth Guidance.

Is either biological parent currently in prison? Yes No Jail? Yes No In Past? Yes No

*Please explain any current or past criminal history of any family members: _____

You must call the YG Office (772) 770-5040 to set up a time to meet with the Executive Director. You will need to bring each child with you that you are registering for the program. Please bring this completed form as well.

- I understand that my child will need to write a thank you letter for each YG activity they participate in.
- I understand I will need to write a thank you letter for each YG activity that my child signs up for, but does not attend.
- I understand that I must provide YG with my child's Report Card at the end of each school year.

Child's Signature if 8 or Older

Parent/Guardian Signature

***Please feel free to write any additional information you would like the Director to be aware of on the back of this form.**



YOUTH GUIDANCE

Mentoring & Activities Program

PO Box 121, Vero Beach, FL 32961
1028 20th Place, Vero Beach, FL 32960
Phone (772) 770-5040
Fax (772) 770-5042
bford@ircgov.com
www.ircyouth.com

In the interest of _____, a child

This gives my permission for the above-mentioned child to be involved in the Youth Guidance Mentoring & Activities Program of Indian River County.

The above named child and the parent/guardian consent to a complete and detailed investigation being made of the child's conduct and academic progress in school, his church, the nature of his home and family and other matters concerning his/her conduct.

Permission is also given to the Youth Guidance Mentoring & Activities Program and to the volunteers to transport the child to and from school, recreational activities, etc. I release the Youth Guidance Mentoring & Activities Program, its volunteers and Indian River County for any liability that may occur while my child participates in any Youth Guidance activity or personal activity with volunteer(s) whether it be a picnic, a ball game, river outing, camping trip, beach outing or any outing not mentioned above. If my child shall need any emergency medical treatment while in the volunteer's care, this is my authorization for such treatment (if I cannot be reached). This is also my authorization to the attending physician and emergency care facility. I assume the expense of any medical care.

This is also the authorization of the child and parent/guardian for you to furnish the Youth Guidance Mentoring & Activities Program full particulars regarding the child's mental and/or psychological and psychiatric history and any other pertinent information requested.

Further, this authorizes the Indian River County School Board to release to the Youth Guidance Mentoring & Activities Program and its volunteer, _____ any pertinent data concerning the child's academic records, test scores and evaluations and other pertinent information requested.

Further, this authorizes all agencies that are involved with the child to release all information to the Youth Guidance Mentoring & Activities Program.

A Photostat of this authorization shall be as valid as the original. Information learned by the volunteer will be held in strictest confidence unless otherwise ordered or a release has been signed.

Date

Parent/Guardian

F:/children'spackage/children'sliabilityreleaseform/.com



A United Way Community Partner



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PHOTO RELEASE

Date _____

I, the undersigned, hereby grant permission to YOUTH GUIDANCE, UNITED WAY, INDIAN RIVER COUNTY AND OTHER GROUPS INVOLVED WITH YOUTH GUIDANCE to photograph my child _____ and to record his/her voice, performances, poses, acts, plays and appearances, and use his/her picture, photograph, silhouette and other reproductions of his/her physical likeness and sound and allow the unlimited distribution, advertising, promotion, exhibition and exploitation of these images by any method or device now known or hereafter devised in which the same may be used, and/or incorporated and/or exhibited and/or exploited.

I agree that I will not assert or maintain against Youth Guidance, United Way, Indian River County and other groups involved with Youth Guidance, their successors, assigns and licensees, any claim, action, suit or demand of any kind or nature whatsoever, including but not limited to, those grounded upon invasion of privacy, rights of publicity or other civil rights, or for any other reason in connection with the authorized use of my physical likeness and sound in the Picture as herein provided. I hereby release Youth Guidance, United Way, Indian River County and other groups involved with Youth Guidance, their successors, assigns and licensees, and each of them, from and against any and all claims, liabilities, demands, actions, causes of action(s), costs and expenses whatsoever, at law or in equity, known or unknown, anticipated or unanticipated, which I ever had, now have, or may, shall or hereafter have by reason, matter, cause or thing arising out of the use of any images as herein provided.

I have read the foregoing and fully understand the meaning and effect thereof and, intending to be legally bound, I have signed this release.

Parent/Guardian Name: _____ ADDRESS _____ PHONE # _____

Signature _____

Self Esteem Scale

Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle **SA**. If you agree with the statement, circle **A**. If you disagree, circle **D**. If you strongly disagree, circle **SD**.

- | | | | | | |
|-----|--|----|---|---|----|
| 1. | On the whole, I am satisfied with myself. | SA | A | D | SD |
| 2. | At times, I think I am no good at all. | SA | A | D | SD |
| 3. | I feel that I have a number of good qualities. | SA | A | D | SD |
| 4. | I am able to do things as well as most other people. | SA | A | D | SD |
| 5. | I feel I do not have much to be proud of. | SA | A | D | SD |
| 6. | I certainly feel useless at times. | SA | A | D | SD |
| 7. | I feel that I'm a person of worth, at least on an equal plane with others. | SA | A | D | SD |
| 8. | I wish I could have more respect for myself. | SA | A | D | SD |
| 9. | All in all, I am inclined to feel that I am a failure. | SA | A | D | SD |
| 10. | I take a positive attitude toward myself. | SA | A | D | SD |

