



Participant ID: _____



Y Mentors Junior Mentor Application (14-17 years) Sept. '15 - Aug '16

All information on this form is kept confidential. This information is used to match you with your mentees. Please provide as much information as possible. **PLEASE PRINT CLEARLY**

Personal Information

Youth's Name: _____

Date: _____

Parent/Guardian Name: _____

Relationship to Youth: Mother Father Other, specify: _____

Street Address: _____

City: _____ Prov/Terr: _____ P.C: _____

Home phone: _____ Cell phone: _____ Work: _____

Email: _____ Child's email: _____

Child's Cell _____ Date of Birth YEAR/MONTH/DAY Age: _____

Name of School: _____ Grade: _____

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 want to become a junior mentor?

2. Do you have any previous experience volunteering or working with youth? If so, please specify.



Participant ID: _____

3. What qualities, skills, or other attributes do you feel you have that would benefit the group? Please explain.

4. Can you commit to participate in the Y Mentors program for a minimum of one year from the time you are matched with a group?

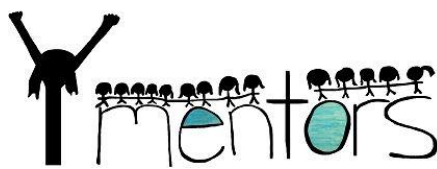
5. Are you available to meet with a group 4 hours per month and have contact at least once per week? Please explain any particular scheduling issues in the next question.

6. Most mentoring meetings will take place every second Tuesday from 6-8pm. Special weekend events would be arranged with the coordinator prior to the event. What are the best days and times for you to meet with your mentees?

7. How would you describe yourself as a person?

8. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?

9. Are you willing to attend an initial mentor training session and training sessions after being matched?



Participant ID: _____

HEALTH & SAFETY

To be completed by parents/guardians

Name of Primary Care Physician: _____ Phone #: _____

Health Care# (REQUIRED): _____

Are your daughter's immunizations current? _____

Does your daughter have any physical problems or limitations?

Is your daughter currently receiving treatment for any medical issues?

List medication taken on a regular basis and for what medical condition:

Are there any other medical issues we should be aware of? If so, please note them:

If there are any other behavioural and/or emotional reactions that we need to be aware of? Please note:

Please state any other concerns:

Does your daughter have any known allergies or adverse reactions to medications? If yes, please describe them below:

Is your daughter currently seeing a counselor or therapist?



Participant ID: _____

In the unlikely case of a medical emergency and the contact person is unavailable, I, _____, being the legal parent/guardian of _____, authorize the staff of the YWCA of Yellowknife to provide _____ with the required medical care. I provide this consent freely with the knowledge that I may give or revoke consent at any time.

I, _____ the parent/guardian of, _____ Herby authorize the staff of YWCA Yellowknife to have my child transported to Stanton Territorial Hospital for emergency or a non-emergency situation which requires medical treatment, in the event that parents/guardians, or designated emergency contact person cannot be reached. I am aware that this decision will be made by a YWCA Director or Executive Director. As well all cost incurred by the transportation of my child will be paid by the parent or guardian.

Person to be notified in case of emergency (other than parent):

Home #: _____ Cell#: _____

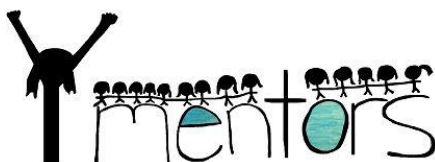
Work #: _____ Relationship to youth: _____

Parent/Guardian

YWCA Director, Child & Youth Services

Date: _____

Date: _____



Participant ID: _____

Please Read This Carefully Before Signing

Y Mentors program appreciates you and your child's interest in her becoming a junior mentor. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their daughter to participate in the Y Mentors program.

After receiving this completed application from you, we will evaluate the information and let you know if your child has been accepted into the mentoring program. Much of the information you supply in this application packet will be used to match your child with an appropriate mentor and group. Therefore, the mentoring staff may, at times, need to access and share this information with prospective mentors and other parties when it is in the best interest of the match.

RELEASE OF LIABILITY AND ASSUMPTION OF RISKS

BY SIGNING THIS AGREEMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY

NAME OF PARTICIPANT: _____

ADDRESS: _____

DATE OF BIRTH: YEAR/MONTH/DAY

Is your daughter permitted to walk home alone? Yes No

If not, please name individual(s) permitted to pick up the participant at the end of each session:

Please indicate where the pick up will take place. Parking lot/ Y Mentors Door?

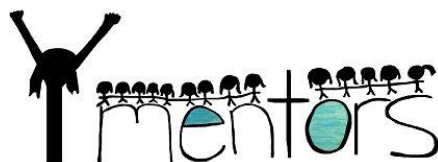
We advise you that by registering your daughter in Y Mentors she will be participating in light physical activity such as classroom games and activities, and visits to the park beside Rockhill. The activities will take place at Rockhill Apartments at 4904-54 Ave, and occasionally the neighbouring park, unless otherwise indicated. Waivers will be sent out prior to any activities requiring the group to leave Rockhill.

Although the program activities are not considered dangerous or high risk, by signing this Agreement you will be releasing YWCA Yellowknife from any responsibility for any accident occurring during the program hours. This waiver refers to the usual risks that are involved with the activities described above. It is yours and your daughter's responsibility to inform the program facilitator if you or she is not comfortable participating in any of the noted activities or if there is any reason why she should not participate.

Please initial each of the following

_____ I give my informed consent and permission for my child to participate in the Y Mentors 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.



Participant ID: _____

_____ I release the Y Mentors program of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any Y Mentors mentor, mentee, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Information Release Form
- Photo Release Form
- Personal References Form
- Interest Survey Form
- If 16 years +, a **criminal record check** and a **vulnerable sector check** must be completed. These checks take some time so please start them right away. Criminal records checks are free because you are volunteering with the YWCA. Please identify YWCA Yellowknife as the organization that is requesting and should receive the results of the record checks. Use the address provided below.

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

Participant Consent

I, _____, am committed to joining the YWCA Y Mentors program and consent to be a participant. I provide this consent knowing I need to attend and meet with the group and the mentor and the Coordinator on a regular weekly basis, unless I am sick or the mentor is unable to attend. *I will contact The Coordinator via email, text, or by phone to let her know when I cannot attend Y Mentors.*

I understand that anything I say to The Coordinator or mentors is confidential, which means that they cannot tell anyone else. However, if The Coordinator or mentors think that I need help to be safe they may need to tell someone who can help me. The Coordinator will let me know if she needs to break confidentiality.

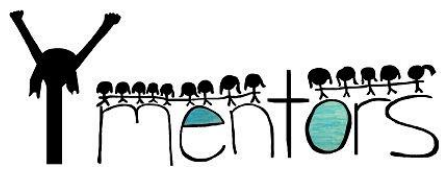
Since I am in a group with other people, I understand that whatever is said within that group cannot be talked about outside of the group. If I do talk about or make fun of what another person says in group, without their permission, I may be asked not to come to group the next time.

I provide this consent knowing about the activities of Y Mentors, and do so freely with the understanding that I may give or take back this consent at any time.

Signature of Youth Date

Signature of Witness Date

If consent is revoked, please do so in writing.



Participant ID: _____

Junior Mentor Interest Survey

Name: _____ Date: _____

Please complete all the following. This survey will help Y Mentors program know more about you and your interests and help us find a good match for you.

Do you speak any languages other than English? If so, which languages?

Would you be willing to work with a child who has disabilities? If so, please specify disabilities you would be willing to work with. _____

What are some favorite things you like to do with other people?

What is your favourite subject in school? What jobs are you interested in learning about?

What is one goal you have set for the future?

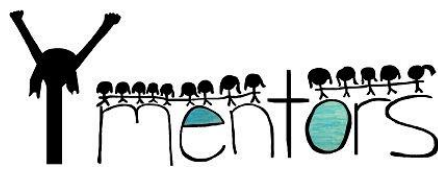
If you could learn something new, what would it be?

Who do you most admire and why?

Please check all activities you are interested in:

Biking	Camping	Science	Cooking	Library
Hiking	Boating	Music	Sports	Yoga
Golf	Swimming	Gardening	Parks	Movies
Fishing	Animals/ Pets	Painting/ Photos	Board Games	Shopping
Story Telling	Singing	Drama	Theatre	Traditional Activities
Social Activism	Programming/ Coding	Videography	Fill in:	Fill in:

List any other areas of strong interest:



Participant ID: _____

Photo Release

The YWCA of Yellowknife seeks your support in its efforts to highlight the work of the Y Mentors program. YWCA Yellowknife therefore requests your permission to include pictures of your child in our publications from time to time. Our publications include slide shows, posters, brochures, our website & Facebook page, our annual report, banners and other displays. Our publications are used for educational, promotional and informational purposes in connection with the YWCA.

I hereby consent to have my child, to be interviewed, photographed and/or videotaped by or for YWCA Yellowknife for promotional purposes now and in the future.

By checking the following headings, you agree to have your daughter participate in:

print media, including YWCA annual reports/newsletters/pamphlets

photographs, including those used in print media listed above and in presentations.

posting photographs on the internet, such as the YWCA Yellowknife website and Facebook.\

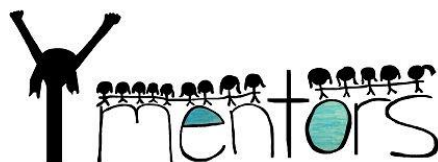
participating in video or audio recording created by YWCA Yellowknife and posted on the website or on You Tube.

I don't want my child to be interviewed, photographed or recorded. Only check this option if you did NOT check any others.

Junior Mentor's name (print):

Parent/Guardian Signature:

Date _____



Participant ID: _____

Correspondence

Throughout the year, there are many instances when the special projects coordinator or another YWCA staff may need to contact you. Common reasons are: field trips, notification of special events, notification of group cancellations or time changes, to receive consent for certain activities, and sending out consent forms and program calendars, etc.

The majority of the correspondence is done via email. However, I can appreciate not everyone uses email as a primary correspondence tool.

If you would like to be reached through another means as your primary communication mode, please let us know. You will still receive all the emails the whole group receives, however, you will also be contacted by the means indicated:

I would prefer the following to be my primary form of communication for the year:

Telephone _____

Fax (# _____)

I do not have an email _____

I do not have a phone _____

I do not have a current mailing address, but will update the YWCA as soon as I do

Please mail or drop off completed applications to:

Y Mentors YWCA Yellowknife 4904-54 Ave. Suite 104 Yellowknife, NT, X1A 1H7	Y Mentors C/O YWCA Yellowknife PO BOX 1679 Yellowknife, NT, X1A 2P3
---	--

TEL: 867 920 2777 EXT. 313

FAX: 867-873-9406

EMAIL: ymentors@ywcanwt.ca

+++++

For Office Use Only

Received: _____ Contacted for interview: Y/N Date: _____

Coordinator Notes:



Participant ID: _____

The YWCA Y Mentors Code of Conduct

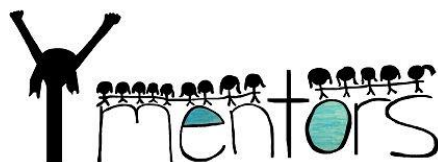
The Y Mentors Code of Conduct outlines appropriate behaviour while taking part in the program. You are expected to comply with all aspects of the Code. Our Code reflects our commitment to responsible behaviour for our own well-being and that of others. By participating in the YWCA Yellowknife Y Mentors, every participant enters in agreement with the YWCA Yellowknife Y Mentors Code of Conduct.

Respect: I agree to:

- Be respectful and honest with myself by accepting responsibilities for my own actions at all times.
- Be respectful and mindful of other participants, staff, and other adults around me by being honest and courteous to all individuals.
- Be inclusive and accepting of everybody and not discriminate against anyone's race, sexual orientation, culture, creed, color, religion, nationality, and/or ethnicity.
- Take care of public and private property, including the environment that surrounds me.
- Handle my own and other people's personal belongings with proper care.
- Respect and obey all of Canada's laws.
- Demonstrate courtesy and good judgment in with regard to cell phone usage and adhere to the following guidelines:
 - Cell phones and other hand-held devices are to be turned off and not used during Y Mentors. *Girls are permitted to use cell phones to let parents know they have arrived/are ready to leave Y Mentors.*
 - During program hours, in case of emergency, parents/guardians can communicate with participants via the facilitator's cell phone, (867) 445-3727. No pictures or videos are to be taken with cell phones without the subject's explicit consent.
 - The use of cell phones is expressly forbidden in washrooms and change-rooms.

Politeness and Courtesy: I agree to:

- Be polite and as helpful as I can be to everyone, be kind and considerate, and treat others the same way I would like to be treated.
- Not use foul and/or inappropriate language.
- Refrain from hurtful actions or attitude such as bullying, cyber bullying, harassment, ridicule, exclusion, or teasing.
- Be tolerant and open minded of other people's differences.



Participant ID: _____

Safety and Order: I agree to:

- Work, play, and behave in a safe manner that does not compromise my safety and the safety of others.
- Refrain from bringing to Y Mentors any objects that may cause harm to myself or others.
- Refrain from bringing/using illegal drugs, alcoholic beverages, and/or cigarettes.
- Always resolve any dispute or problems through discussion or with the help of an adult staff member, if need be, and to never resort to verbal or physical violence.

Disciplinary Procedures:

The youth will be expected to follow instructions from the Coordinator, Ashley MacDonald, and behave in a courteous manner to staff, volunteers, and other youths at all times. The YWCA of Yellowknife will use the following procedures for *repetitive* misbehaviour:

1st Incident – Discussion with the youth concerning the nature of the incident and re-establish expectations/consequences.

2nd Incident – Youth will be spoken with about their reoccurring behaviour and concerns, including a discussion of the Y Mentors rules and why they are in place. A verbal contract will be arranged where the youth agrees to follow the program structure and rules from this point forward. Parents/Guardians will be notified.

3rd Incident – The youth will be asked to leave the program for a period of one week. Parents/Guardians will be notified.

4th Incident – Parents/Guardians will be notified that the youth is no longer welcome in the program.

Please sign below to indicate that you have read, understood, and agree to the Y Mentors Code of Conduct.

Signature of participant

Date

Signature of Parent/Guardian

Date

Signature of Witness

Date