Application Submission Instructions:

**DUE 10/23/2020**

Printed applications must be submitted to the Volunteers of America North Hollywood Office: Volunteers of America

North Hollywood Apartments Office 69-2-4 T--ujunga A-ve

North Hollywood, CA 91606 818.769.3617

Please note that the office is closed to the public, you can call the office Monday through Friday from 8am to 4:30pm. There is a dropbox under the window, next to the main door, where you can drop off the application OR scan and email the application to [myjacobo@voala.org.](mailto:myjacobo@voala.org)

#### Please do not hesitate to call if you have any questions!!

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Instrucciones para someter su Aplicaci6n de Mentorship:

**ENTREGAR ANTER DEL 10/23/2020**

Las aplicaciones deben ser sometidas a la oficina de Volunteers of America North Hollywood: Volunteers of America

North Hollywood Apartments Office 6724 Tujunga Ave

North Hollywood, CA 91606 818.769.3617

Por favor tome nota que la oficina esta cerrada al publico. Usted puede llamar de Lunes a Viernes entre 8am y 4:30pm. Tambien puede entregar la aplicaci6n en el buz6n localizado debajo de la ventana a lado izquierdo de la puerta principal de la oficina. Altemativamente, puede mandar una copia por correo electr6nico a [myjacobo@voala.org.](mailto:myjacobo@voala.org)

#### jNo dude en llamar si tiene alguna pregunta!

**Mentorship Program at UCLA**



Elementary School Mentee Application **2020 - 2021**

## - Mentee Information

Hi, my name is ,and I'm

years old.

I am a (boy/girl) in the grade at Elementary School. My favorite

subject in school is .When I grow up, I want to be Some of my favorite things to do when I'm not in school are \_ My t-shirt size is a (circle one).

Youth: SMALL MEDIUM LARGE

Adult: SMALL MEDIUM LARGE X-LARGE

Who lives with you at home?

**D** Mom

**0** Sister (How many? \_ \_ )

**0** Grandma

**0** Aunt

**0** Dad

**0** Brother (How many? )

**D** Grandpa

**0** Uncle

**D** Foster Parents **D** Other: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Do you have any relatives applying for Mentorship? (circle one) **Y** / **N**

If so, what's their name and relationship to you? \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Mentee Questions**

What are three things you want to learn from your mentor?

##### 1. - - - - - - - - 2.

Why do you want to be in Mentorship or reapply to Mentorship?

##### 3.

What makes you feel happy and loved?

What kind of personality do you want your mentor to have?

Are you a RETURNING MENTEE? (circle one) YES NO

**If Yes:** Who was your mentor? \_

How many years have you been in Mentorship? \_

How do you feel about your mentor? Do you feel like you can talk to him/her?

What was your favorite Mentorship event and/or memory? \_

-Whe

isn-aen

p1ac-e-you w oulrr-lik1e 0- go-with- M-e-rrtoTShip? \_

###### Draw a picture below of you and your mentee hanging out!

**Circle 5 words that describe your personality!**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Quiet | Confident | Talkative | Curious | Spiritual | Artsy |
| Funny | Outgoing | Brainy | Athletic | Cheerful | Shy |
| Caring | Sweet | Sensitive | Joker | Musical | Nice |
| Manly | Curious | Creative | Mature | Responsible | Girly |
| Playful | Imaginative | Adventurous | Lazy | Giggly | Loud |
| Polite | Independent | Bookworm | Fun | Hyper | Potato |

## Household Information



Home Address:

Parent/ Guardian #1: Name & Relationship to you:

Parent/Guardian #1 Phone Number: \_ \_ \_ \_ \_ \_ \_ \_

Parent/ Guardian #2: Name & Relationship to you

Parent/Guardian #2 Phone Number: --------

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Mentee Cell Phone (if any): \_ Email Address of ParenUGuardian:

Preferred method(s) of receiving updates on Mentorship events (circle all that apply) PHONE CALL EMAIL TEXT OTHER: \_

Primary Language Spoken at home: Mentee's Preferred Language(s):

**Emergency Contact Information**

**Name#1**: **Relationship: \_ Phone Number:**

**Name #2: \_ Relationship:. \_ Phone Number:\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

**Name #3: \_**

**Relationship: \_**

**Phone Number: \_**

**Availability: (Check a box)**

**D** Two Tuesdays (4:00-7:30pm) and one Saturday per month (9am-3pm)

**D** Two Wednesdays (4:00-7:30pm) and one Saturday per month (9am-3pm)

**D** Either day (4:00-7:30pm) works for me and one Saturday per month (9am-3pm) Are you willing to make this commitment? (Circle one): **Y** / **N**

Do you have any commitments that might interfere with mentorship, such as sports, clubs, etc.? If so, what are they and what events does it interfere with (Weekday Events or Saturday Events)?

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## New Information for the 2020-2021 Program Year

##### Parents, please read and answer this section carefully!

Zoom Access

Will every child who is participating in Mentorship this year have their own Zoom account on Tuesdays and/or Wednesdays?

□ □

YES No

These ZOOM meetings will be conducted and monitored by the Mentorship Committee and selected UCLA students. Do you approve of your child participating in this virtual format?

□ □

YES No

Do you have reliable WIFI to participate in the ZOOM meetings?

□ □

YES NO

##### Photo/Social Media Consent

Is it okay for photos of your child to be featured on Mentorship social media accounts? (i.e. Mentorship website, instagram, facebook). They will not be tagged or identified in any way besides their first names.

□ □

YES No

##### Contact Preferences

We anticipate this year to be unconventional and full of new opportunities, along with some new challenges. As such, we want to keep in contact with families as best as possible.

Please indicate the best method for us to reach you on the day of events to 1) send the event's ZOOM link/password and 2) ensure your child is able to participate.

###### Name

**Preferred Method of Contact (Email Address/Phone Number)**

###### Would you like us to contact you in Spanish?

□ □

YES NO

**Mentorship Program at UCLA**

**2020-2021 Parent Application**

Purpose

The purpose of this parent application is to further inform the Mentorship Program at UCLA about the background of our program recipients. This application serves primarily to establish potent ial programing for the upcomingyear which can add to the enhancement to the program for your child.

Please answ er all questions honestly and to the best of your knowl edge.The content within this application will no way be used against you or your child.

**Household information**

1. Name \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Relationship to mentee:.\_ \_ \_ \_ \_ \_ \_ \_ \_

2. Please checkall of those individuals currently living in your home: □Mother □father

□Gra ndmother □Sist er/ s(Howmany\_} □Brother/ s(How many\_ } □Other (cousins, aunts,

family friends etc.)

1. Marital Status: □Singl e □Married □Separated □Divorced □Widow
2. If one or both parents are absent;

□Common Law

□Out of the country □Military □Deceased □Prison □Other \_ \_

A. What is the location of parent one?

\_ \_ \_ \_ \_ \_

□Out of the country □Military □Deceased □Pris on □Other \_ \_

**Head of Household employment information:**

B. What is the location of parent two?

\_ \_ \_ \_ \_ \_

1. Do you currently hold a job? □Yes □No
2. If yes, what is your job and job title\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

3. If no, please explain\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

1. What is your employment status? □full-time □Part-ti me □Hourly (Hrs per week )
2. Where is your job located? \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Do you have any questions?**

By Signing below you are verifying that all of the above information has been writt en by yourself and

is accurate and true to the best of your knowledge.

Signature\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Date: \_ \_ \_

\_ \_ \_ \_ \_ \_

Release of **Liability**

Mentorship Program at UCLA

Year 2020-2021

(To be completed by each Parent/Guardi an)

**Parent/ Guardian Name:**

(Print)

#### Address: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Home Telephone Number:** ( ) \_ \_ \_ \_ \_ \_ \_ \_ \_

**Mobile Telephone Number:** ( ) \_ \_ \_ \_ \_ \_ \_ \_ \_

Name of Child D.O.B

I hereby release and hold harmless, Volunteers of America, Los Angeles, Its agents, representatives, and emplo yees from any liability which may arise in connection with my child(ren)'s participation in any and all Mentorship Program at UCLA events, including but not limited, to potential liability from accidents or injuries which may occur, or potential liability resulting from the content of any and all program activities including staff provided transportation thereafter. I also understand that my child(ren) and I are aware of this information, and we acknowledge this by signing this Parent/Guardian Liability Release Form.

#### Waive of Liability

I declare that the terms of this Release have been completely read and are fully understood, and are voluntarily accepted.

(Signature of Parent/Guardian) (Date)

(Signature of Parent/Guardian) (Date)

# Mentee/Padre Contrato

Yo, (mentee), estoy completamente informado sobre el

programa de Mentorship y acepto todas las reglas y condiciones mencionadas abajo por el curso de un

L ano academico. Como mentee, acepto completamente las siguientes responsabilidades.

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* Obtener padre/escuela consentimiento para las actividades de Mentorship
* Reunirme con mi mentor 3 veces al mes por ano
* Ser puntual: llegar a tiempo a todas las juntas y eventos de Mentorship
* Consistencia: prometo atender todos los eventos y juntas de Mentorship
* Si voy a estar ausente entiendo que tengo que contactar a mi mentor y al coordinador del programa 24 horas antes del programa
* Prohibido pedir dinero a mi mentor para *mi* o alguien mas
* Tratare con respeto a mi mentor ya todas las personas del programa
* Participare en evaluaciones del programa
* Comunicare al coordinador del programa de algun problema que requiera at enci6n inmediata.

Entiendo que el exito del programa y de mi relaci6n con mi ment or depende mucho de mi compromise de estar en el programa por un ano, al menos que sean circunstancias fuera de mi control, prometo ir a todas las actividades y eventos hasta el fin de ano academico del programa.

Firma del Mentee: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Date:\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Yo doy consentimiento a mi nino(a), para participar en

el programa de Mentorship de UCLA para el ano 2020-2021. Entiendo las reglas y filosofia del programa de Mentorship y tengo el derecho de terminar mi contrato en cualquier memento.

Firma del Padres/Guardianes: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Date: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

# Mentee/Parent Contract

I, (mentee), am fully informed about the *Mentorship Program at UCLA* and agree to follow all the guidelines and rules listed below for the period of one school year. As a mentee, I fully accept the following responsibilities:

* To obtain parent/school approval for mentoring activities
* To meet with my mentor at least 3 times a month for one school year

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* To be consistent: I will attend all meetings and events
* To let the Program Director AND my mentor know at least 24 hours in advance if I am unable to make any session or meeting with my mentor
* Not to ask my mentor to give or loan money to me or anyone else
* To treat my mentor and all other program members with respect
* To participate in evaluation of the program
* To advise the Program Director of any concerns that should be addressed

I understand that for the succes s of this program and the mentor-mentee relationship, it is critical that this commitment is year-long, and unless under extreme circumstances , **the mentee will attend all activities and remain until it's closing at the end of the school year.**

Mentee Signature \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Date: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

I give permission for my child, \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_, to participate in the Mentorship Program at UCLA for the 2019---2020 school year. I understand the nature and rule of the Mentorship's mentoring efforts and reserve the right to withdraw from the program at any time.

Parent/Guardian Signatur e: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Date: \_ \_ \_ \_ \_ \_ \_ \_ \_

**Participant Filed Trip Permission Slip**

(To be completed by Parent /Guardian or Caregiver)

###### Please complete and return this form to the North Hollywood Apartments staff of the field trips/activities.

(No participant will be permitted to participate in this activity without this form on file)

(Pa rticipant Name/Please Print)

\_ \_ \_ \_ \_ \_ Student at \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ **\_**

(D.0 .B) (Schoo l)

###### Has my permission to participate in the following:

**Activities: UCLA Mentorship Method of Transportation: School Bus**

(Bus,van,plane,train)

Tuesday 4:00 p.m. - 8:00 p.m.

Wednesday 4:00 p.m.- 8:00 p.m.

##### Saturday 9:00 a.m. - 3:00 p.m.

North Hollywood Apartments

##### 6724 Tujunga Avenue North Hollywood CA, 91606

North Hollywood Apartments

##### 6724 Tujunga Avenue North Hollywood CA, 91606

Maud Booth Family Center

##### 11243 Kittridge St. North Hollywood CA, 91606

**Emergency Contact Card/ Contacto de Emergencia**



Stu d en t' s name: Age:

~~- -~~

**Parent's/g uardian 's name:**

Home ph-o-ne :

- ~~-~~

- - - --- --

- -- -·

Cell phone:

Work phone:

- - - - -- - - -

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-**Alternate contact 's name:**

- -

-

Home phone: --

-

-Work phone: C e ll phone:

-

Date of birth:

Medical conditions: Allergies:

Cu rrent m edic a tions: Typ e of Insurance:

Insu ran c e #:

Family doctor: Doctor's phone: Prefer Hospital:

**Notes:**

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**Alternate conta ct's name:** -

Home phone:

Work phone:

-

Ce l l phone:

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•A *new Eme rgenc y Contac ts shee t must be submitted yearly. and every time information changes.*

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