Aspire Reaching Beyond the Obvious

Requirements

Membership

* Must be age 11 to 18
* Must attend one meeting and have completed paperwork package on file

Community Service

* Must complete 3 hours per month or 12 hours per quarter of community service
* Must participate in 50 percent of Aspire Community Service hours from date of membership
* All hours must be documented on the provided sign-in sheet and signed by agency or event coordinator with whom you are completing the service.

\*\* community service hours do not include managing a team or church activities such as ushering or singing in the choir\*\*

* If your church, team, school, etc. is participating in an even that is benefiting the community, or bringing awareness to a community issue, that event can be counted as community service hours

**PARENT SIGNATURES WILL NOT BE ACCEPTED FOR COMMUNITY SERVICE HOURS**

Out of Town Activities

* Must be a member
* Must attend 60 percent of meetings since date of membership
* Must have met community service guidelines since date of membership

Estella Wilson Scholarship

* Must attend 60 percent of meetings through Aspire Calendar Year
* Must participate in 50 percent of Aspire Community Service Activities
* Must complete all requirements presented in scholarship packet

**What can you as a member expect from Aspire?**

* Forum discussions on topics pertaining to you as a young male or female in today’s society
* Assistance with volunteer hours
* Scholarship opportunity based on grades, volunteer hours, attendance, and essay
* End of year banquet
* Meet/interacting with others from different schools as well as professionals in the community
* Relationship with positive role models within your community that encourage looking within oneself for inspiration
* College tours, community activities, and empowerment sessions

Aspire Reaching Beyond the Obvious Mentee Registration Form

Personal Information

Member name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Member: [ ] mother [ ] father [ ] other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_ Cell/Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: [ ] Male [ ] Female Ethnicity: [ ] White [ ] Hispanic [ ] African American [ ] Asian [ ] Other

Name of school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all members of your household

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Sex | Age | Relationship to Applicant |
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For funding purposes, please check the box that most accurately describes your yearly household income:

[ ] less than $29,999

[ ] $30,000 to $49,999

[ ] $50,000 to $69,000

[ ] 70,000 to $89,000

[ ] 90,000 to 100,000

[ ] more than $100,000

Medical History

Primary Care Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the member have any physical limitations?

Does the member currently receive any form of medical treatment?

Is the member currently on any medications? Please specify.

Does the member have any known allergies/reactions to medications?

Does your son or daughter currently see a counselor or therapist?

Therapist Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information Sheet

Please answer all of the following questions as completely as possible

1. Why does your child want to participate in the Aspire Mentoring Program?
2. Briefly describe your expectations for the Aspire Mentoring Program.
3. Is anyone in your household a current or former military servicemember?
4. Describe your child’s school performance including grades, homework, attendance, behavior, etc.
5. Describe your child’s relationship with friends
6. Is your child currently having any problems at home/school? Please Explain.
7. Has your child experience any traumatic events (i.e. death in the family, abuse, divorce)? Please provide details.
8. What are your child’s extracurricular activities?
9. What are your child’s interests and hobbies?
10. Aspire is a mentor program that provides group mentoring, as well as one on one mentoring for those that need it based on behavioral and home situations. Is your child interested in one on one mentoring?
11. If your child has participated in our program previously, please provide feedback on how we can improve in the upcoming year. Are there any particular topics/events you would like to see in the program?

Parents/Guardians, please initial each of the following

\_\_\_\_\_ I give my informed consent and permission for my child to participate in the Aspire Mentoring Program and its related activities

\_\_\_\_\_ I agree to have my child follow all mentoring program guidelines and understand that any violation may result in suspension and/or termination of the mentoring program.

\_\_\_\_\_ I hereby acknowledge that my child will be transported by an Aspire mentor/staff member while participating in the mentor program and that such transportation is voluntary and at his/her own risk

\_\_\_\_\_ I release Aspire Reaching Beyond the Obvious 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. I hold harmless any Aspire program staff or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

\_\_\_\_ I grant permission for photographs and/or videos to be taken of my child during Aspire activities. It is my understanding that at any time these photos/videos may be utilized for marketing purposes.

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

Parent Signature Date

Code of Conduct

Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By choosing to participate in the Aspire Mentoring Program, I agree to:

* Have a positive attitude and be respectful towards my mentors and peers
* Uphold the confidentiality agreement
* Be respectful and dress appropriately for Aspire events and activities, including refraining from use of obscene language
* Follow directions of staff/volunteers
* Obtain parent/guardian permission for all meetings and activites

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will uphold the code of conduct while in and out of Aspire meetings and activities. It is my understanding that if I break the code of conduct my parents will be contacted and my membership may be suspended and/or terminated.

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

Members signature Date

Aspire Reaching Beyond the Obvious

Youth Participation Release Form

As the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I hereby give permission for him/her to participate in Aspire Reaching Beyond the Obvious teen mentor program.

By my signature, I release Aspire from any liability for any injuries or damages my child may suffer as result of participation in Aspire activites.

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

Parent signature Date

Consent for photographing and video recording

[ ] Yes, I grant permission for photographs and/or videos to be taken of my child throughout Aspire Activities. It is my understanding that at any time these photos/videos may be utilized for marketing materials, announcements, and/or informational sessions as needed.

 [ ] No, Aspire does not have my permission to photograph and/or video my child.

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

Parent Signature Date

Aspire Reaching Beyond the Obvious

Confidentiality Agreement

Dear Aspire Member,

Thank you for your desire to participate in the Aspire Mentor Program. During the group sessions, we will discuss many issues that are important and personal to our members. In the group environment, you will be asked to share stories and information that may be personal. You may also be asked to provide help and feedback to other group members. The most important rule in Aspire is confidentiality. This means that you will not discuss what another member has said to anyone whenever you are outside of the group setting or outside the presence of the group leader. You may discuss the group with your parent or guardian but only in a private setting where no one else could overhear.

If this confidentiality agreement is broken, you may be asked to leave the group. Please think carefully and exercise good judgment about this issue and sign the agreement below if you agree to follow the requirements of this agreement.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand the meaning of confidentiality and agree that I will not reveal any information about another group member to anyone outside the group except my parent or guardian. I understand that I may be asked to leave the group if this agreement is broken.

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

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree that anything my child shares with me about Aspire group meetings or members, will not be revealed or discussed with anyone other than my child and Aspire group leaders.

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aspire Reaching Beyond the Obvious

Volunteer Tracking Form

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| --- | --- | --- | --- | --- | --- |
| Date | Activity/Agency | Hours | Mentee Signature | Agency Signature | Agency Phone Number |
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