



(For Office Use Only)

MENTOR APPLICATION High School: _____ Grade: _____

This application is to be completed by all applicants for any position involving the supervision or custody of minors. It is being used to help provide a safe and secure environment for those children who participate in our program.

All information provided will be kept in a confidential file in our office—Please print neatly!

PERSONAL INFORMATION

Last Name:		Home Phone:	
First Name:		Cell Phone:	
Middle Initial:	___ Male ___ Female	Work Phone:	
Birth Date:	Age:	E-mail:	
Street Address:			City/State/Zip:
Emergency contact name:	Relationship to applicant:	Emergency contact phone:	
Shirt Size (\$10):	Instagram Name: @		

MENTOR PROFILE

I am interested in volunteering to become a mentor because:
My likes/dislikes/skills/hobbies are:
My preferences for the child to be matched with me are (<i>e.g., age, gender, interests, etc.</i>):
List any disabilities/physical limitations that may limit your interaction with your assigned child.

My prior experiences mentoring children are *(include organizations with which you were affiliated)*:

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize my teacher/counselor and any references listed on the application to give you any information that they may have regarding my character and fitness for working with children. I release all references from liability for furnishing evaluations provided they do so in good faith and without malice. I waive my right to inspect references provided on my behalf.

Applicant's Name (Please Print)

Applicant's Signature

Date

PLEASE SUBMIT TO YOUR HEAD COACH BY 2ND TRAINING SESSION.



Parent Permission and Media Release Form

Mentorship Permission

I'm happy to give permission for my teenager _____ to be
(Print First & Last Name)

a mentor to an elementary school child for the school year _____.
(Year)

Print Parent/Guardian Name

Parent Contact Info

Parent/Guardian Signature

Date

Parent Contact Info

Media Release

I give permission for Mālama Mentors to use recorded film, still images, or audio of my child in promotional materials to further the program at other elementary schools.

Parent/Guardian Initials

Date

***Note:** If student is 18 years of age or older, student may sign for him/herself.

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CONFIDENTIAL MEDICAL INFORMATION

In case of medical or dental emergency, I understand that every effort will be made to contact me. If unable to contact me, contact the individual designated above. If unable to contact me, or the designated individual, I hereby give permission to the above-mentioned volunteer mentor to secure treatment for my child from the physician/medical facility indicated below. If unable to secure medical-related services from the indicated physician/medical facility, I authorize the volunteer mentor to secure treatment from another physician/medical facility. As the parent or legal guardian, I will assume all costs for medical-related services rendered on behalf of my child.

Child's Medical Insurance Carrier: _____ None

Child's Physician/Medical Facility: _____ Phone: _____

Parent or Legal Guardian's name (print):

Parent or Legal Guardian's name (signature):

Code of Graceful Conduct

"We want to be warm, but not misunderstood."

Standard requirements must be learned and followed.

They protect the children, the mentors, the high school, and the elementary school.

1. **Never disappoint a child by not showing up (always call your team captain in advance if you can't make it to your regular hour).**
2. Always meet with your child in a public, highly visible location.
3. Never take the child off school property without written parental consent (use Parental Permission Form).
4. Never take the child to the bathroom 1 on 1.
5. Always inform the school personnel when the child is sick or injured while on school premises. Never administer medicine or drugs.
6. Always respect the school's policies for visitors on campus.
7. No sharing of food on the school campus.
8. No conspicuous gifts on the school campus.
9. (Agree to be fingerprinted when schools begin to require it.)
10. Never speak poorly of the child's family or teacher.
11. Always go directly to your team captain with questions or concerns.
12. Always be patient and steady, never in a hurry. Be calm. Be lighthearted.
13. Avoid contact with any part of the body normally covered by a swimsuit.
14. You can give your kid a hug every week, but keep it short and sweet (no creepy hugs!).
15. Love the child. Make it obvious that he or she is your "favorite".
16. Always remember to protect the confidentiality of the child and family (no go talk story 'bout da people to your friends ladat).
17. While enrolled as a mentor in the Mālama Mentors program, high school students should **not** accept/allow elementary school age students to "follow" or "friend" them on social media accounts, especially if posting non exemplary pictures or media.
18. During 12 weeks of one-to-one "coaching", you and your kid will be BFF, but after the formal program ends, you must put your friendship on hold until your kid reaches middle school. This means no planned activities and no social media interactions. Let's keep YouthGrace light and fun and not get too involved. OK?
19. There is one grand exception to rule. By all means attend your kid's elementary school graduation. And invite your kid to your High School graduation.
20. Best rule of all --- have fun!

I understand and accept the standard requirements and operating procedures of Mālama Mentors as explained above in the Code of Graceful Conduct.

Mentor Name (Print)

Signature

Date

High School: _____



CONFIDENTIAL Teacher/Counselor Recommendation

Mālama Mentors
P.O. Box 31116
Honolulu, HI 96820

Dear Mālama Mentors,

I am recommending _____ (student name) as a mentor from
_____ (High School name).

I have known the applicant for _____ months. I have faith in his/her moral foundation and believe that he/she is of sound character. I believe as a Mālama mentor, he/she is capable of working directly with children on a one to one basis, and he/she will be a caring, nurturing, mature person and positive role model and friend.

My recommendation as a teacher/counselor: (initial that which applies)

_____ Comes **WITHOUT RESERVATIONS**.

_____ Comes **WITH RESERVATIONS**. (Reservations can be stated on a separate sheet or called in confidentially)

_____ **I CANNOT MAKE A RECOMMENDATION** at this time. (Reasons optional but should be discussed personally with applicant.)

Print Name

Position at High School

Signature

Date



CONFIDENTIAL Recommendations

Name of reference #1:	Name of reference #2:
Title at his or her organization:	Title at his or her organization:
Daytime phone number:	Daytime phone number:
Relationship to you:	Relationship to you:

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