



MENTORING APPLICATION PROTÉGÉ

Power is the Talents, Abilities, Skills, Knowledge and Strategies you use as leverage to control your destiny. Control over the choices of your life helps you achieve your most powerful purpose. The reason for this form is to give us information to see how we might help you along your Passage to achieving this POWER. Please be as complete, honest and thorough as you possibly can. The more we know about you, the better chance we have to match you with the right mentor.

Personal Information:

Gender: (Check One) Male Female

Name _____
 First Middle Last

Address _____
 Street City State ZIP

Home phone _____ E-mail address _____

Mother /Guardian name _____

Work phone _____ Occupation _____

Father /Guardian name _____

Work phone _____ Occupation _____

Emergency contact: _____ Home phone _____

Work phone _____ Relationship _____

School Information:

1. Name of Your School: _____ Grade _____

2. List the classes you are taking this year:

3. What are your favorite subjects?

4. What subjects do you feel less sure about?



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Your Interests:

1. What are your hobbies and interests? How can these help you gain your true power?

2. What extracurricular activities outside of school do you participate in: (e.g., Boy/Girl Scouts, youth programs)?, explain how you think these might help you gain your full power?

3. What is your vision for yourself when you are grown?

4. What do you know about how college can help you achieve your power?

5. How do you think a mentor can help you on your passage to power?

6. How do you think you can help your mentor on his passage to power? **(What strengths do you bring to the relationship?)**

Favorites:

What is your favorite...

Food
Color
Person
Book
Movie
Song
Musical Group:



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Match Information:

What days of the week are you available to participate? (Check all that apply):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What is the **best** time for you to participate? (Check all that apply):

Mornings Afternoons Evenings Weekends

What three words best describe you? _____

Saturday Leadership Academy:

Do you wish to be a part of our Saturday Leadership Academy? This program is an innovative approach to help improve social and academic performance in school. We help students develop life skills, scholastics, and enhance their learning through educational field trips. The program accepts male and female youth in grades 3rd-12th.

___ Yes ___ No

Medical:

What medical conditions currently exist that the program must be aware of? List all that apply.

All Allergies (Food or otherwise):

Behavioral Issues:

Concentration and Focus Issues:

Other conditions:

Please prepare a short essay (**1 Full Page, single-spaced, in your own handwriting [not typed or printed please]**) explaining what you know about 100 Black Men, what you **expect** out of the mentoring program and your current feelings and **anticipations** about participating in the program. Please make this a separate sheet and attach to this application.

Parents please do not assist in this essay, no matter the student's age. We want to know the level of performance on this task of your protégé and will use it to determine what level of assistance we might be able to provide.

Submitting this form does not guarantee that you will be provided with a mentor from the 100 Black Men of Maryland. It merely gives us a point of departure to see if we possess the resources to help you meet your goals.



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100 BLACK MEN OF MARYLAND, INC.
PROTÉGÉ/PARENT CONTRACT

I, _____, agree to participate in the 100 Black Men of Maryland, Inc. program. I understand that the mentor is a volunteer who wants to help me climb the passage to power and will act as a friend, advisor, and role model. I also understand that no monetary assistance is provided by the mentor or the program.

I understand that the mentor agrees to meet with regularly, in a group setting at first and perhaps in a one to one relationship should a suitable match be found, for the duration of 1 calendar year.

In return, I agree to:

- Strive to build a positive, purposeful and powerful relationship with my mentor;
- Keep all appointments with my mentor;
- Notify my mentor (in advance) and the program coordinator if I cannot keep an appointment with him for any reason;
- Respect the guidelines set by my mentoring program;
- Attend all required program activities to the best of my ability and to give advance notice when I cannot;
- Abide by the rules and regulations of the program;
- Communicate with the **program coordinator** if I feel uncomfortable or experience problems at any time during the program;
- Fill out a survey at the end of the term to allow progress to be charted.

I understand that if I miss three mentoring sessions I **may** lose the privilege of participating in the mentoring program of the 100 Black Men of Maryland, Inc.

_____/_____
Parent/Guardian Signature / Date

_____/_____
Program Coordinator / Date

_____/_____
Parent/Guardian Signature / Date

_____/_____
Protégé Signature / Date

Please bring this form with you.

Please wait to sign in the office in the presence of the **Program Coordinator**. The two parent signatures are for families with two parents involved in the child's life. Where, by law, only one parent is involved in the child's life, there is no need for the second signature for Parent/Guardian)