

2019-2020

# Harvest Youth Mentoring Program

**FOCUSING ON FAMILIES, INC.**

SOWING SEEDS. CULTIVATING LIVES

# HARVEST

YOUTH MENTORING



## Mentee Application





**Focusing on Families, Inc.**  
401 Ogletown Road #5766  
Newark, DE 19714  
302-981-8445  
[www.focusingonfamilies.org](http://www.focusingonfamilies.org)

Greetings!

We are so delighted that you are interested in enrolling your child in the **Harvest Youth Mentoring Program**. We are certain that you will find the program, volunteers, and activities exciting, engaging, and life changing!

### **Program Overview**

**Harvest Youth Mentoring Program** is a 3-year cohort program for children and youth in grades 3-8. Students begin the program with a “Mentor Family” consisting of no more than 15 students. Each month, students attend a monthly meeting where they dive into a variety of topics such as self-awareness, critical thinking, and problem-solving. Meetings are run by trained adult volunteer mentors and Youth Leaders from the **Harvest Youth Leadership Program**.

In addition to monthly meetings, students are encouraged to attend sponsored trips/activities and service projects in the community. As participants in the program, children and their families are invited to attend the annual Holiday Dinner and End of Year Celebration.

Finally, **Focusing on Families, Inc.** offers parents/caregivers of students the opportunity to be a part of **Purposely Planted**, a series of workshops and programs to support and empower parents/caregivers!

### **Commitment**

Students and parent/caregivers enrolled in **Harvest Youth Mentoring Program** are asked to make a one-year commitment to the program. This includes attending all monthly meetings from September to June. This commitment is set up to ensure students receive all the program has to offer. We also ask that students bring “their best selves” to each meeting and hold true to the motto, **“You Only Get Out, What You Put In!”**

*\*We have included a copy of the Program Calendar, so you will be aware of all dates for the 2019-2020 program year in advance. \**

### **Benefits**

- **Increased self-esteem and self confidence**
- **Improved interpersonal skills**
- **Healthier relationships and life choices**
- **Exposure to academic and career opportunities**
- **Access to positive community members**
- **Sense of belonging and purpose**



Focusing on Families, Inc.  
 401 Ogletown Road #5766  
 Newark, DE 19714  
 302-981-8445  
 www.focusingonfamilies.org

## Program Calendar 2019-2020

Date	Topic/Activity	
<b>November 2019</b>	<b>Planning Your Garden (Goal Setting &amp; Teambuilding)</b>	
<b>December 2019</b>	<b>Cultivate Your Ground (Who Am I?)</b>	
<b>January 2020</b>	<b>Invest in Your Garden Tools (Time and Money Management)</b>	
<b>February 2020</b>	<b>Prepare Your Soil (Academic &amp; Career Goals)</b>	
<b>March 2020</b>	<b>Sow Your Seeds *Monday mtg (Service Learning)</b>	
<b>April 2020</b>	<b>Get Rid of Weeds (Finding Friends. Removing Enemies)</b>	
<b>May 2020</b>	<b>Nurture Your Garden (Self-Care)</b>	
<b>June 2020</b>	<b>Prepare for Next Season (Year in Review)</b>	
<b>June 2020</b>	<b>Enjoy Your Harvest (Celebration &amp; Acknowledgement)</b>	<b>End of Year Award Celebration and Cookout Date TBA</b>

**Meetings are Held the 2nd Saturday of each month from 2:00pm –  
4:00pm**



Focusing on Families, Inc.  
401 Ogletown Road #5766  
Newark, DE 19714  
302-981-8445  
[www.focusingonfamilies.org](http://www.focusingonfamilies.org)

## Program Enrollment Process

1. Complete the included application or click [HERE](#) to download a copy

2. Mail the application to:

401 Ogletown Road #5766

Newark, DE 19711

or submit online at

[www.focusingonfamilies.org/harvestyouthmentoring](http://www.focusingonfamilies.org/harvestyouthmentoring)

3. Participate in an Applicant Meeting via phone or in person with a representative from Focusing on Families, Inc.

4. Attend meetings and have a great time!

\*\*\*\*\*

**Looking for programs for Parents/Caregivers?**

**Attend a “Purposely Planted” Workshop!**

**Learn more**

**@**

[www.focusingonfamilies.org/purposelyplanted](http://www.focusingonfamilies.org/purposelyplanted)



Focusing on Families, Inc.  
401 Ogletown Road #5766  
Newark, DE 19714  
302-981-8445  
www.focusingonfamilies.org

## APPLICATION FORM for YOUTH MENTEE PARTICIPANTS

*Harvest Youth Mentoring Program empowers children and youth through engaging activities and supportive mentors.*

### Parent/Guardian Information

Parent Guardian First/Last Name: \_\_\_\_\_

Mailing address:

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

Phone number: \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_ home

Email: \_\_\_\_\_

How do you prefer to be contacted? \_\_\_Phone call \_\_\_Text \_\_\_Email



### Mentee information

Mentee's first and last name: \_\_\_\_\_

Mailing address:

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

Phone number (if applicable): \_\_\_\_\_

Email (if applicable): \_\_\_\_\_

School: \_\_\_\_\_

Grade \_\_\_\_\_ Birthday: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

List any medical, concerns, mental health conditions or allergies

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

Mentee Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Cohort # \_\_\_\_\_



Focusing on Families, Inc.  
401 Ogletown Road #5766  
Newark, DE 19714  
302-981-8445  
www.focusingonfamilies.org

## Mentee information continued

Note any involvement with social services or the judicial system:

---

---

Interests, hobbies, or activities you enjoy:

---

---

Finish the sentence below. No answer is right or wrong.

I really feel connected when \_\_\_\_\_

I feel angry when \_\_\_\_\_

I am most joyful when \_\_\_\_\_

A job or task that I really enjoy is \_\_\_\_\_

I feel hurt when \_\_\_\_\_

What is the most important thing that you think your we should know about you?

---

Mentee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mentee Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Cohort # \_\_\_\_\_



Focusing on Families, Inc.  
401 Ogletown Road #5766  
Newark, DE 19714  
302-981-8445  
www.focusingonfamilies.org

## Parent/Guardian Consent Form

**Harvest Youth Mentoring** is a program provided by Focusing on Families, Inc. and is available to elementary and middle school students. Mentoring is proven to greatly benefit the academic, social and emotional well-being of children and can provide a source of motivation, encouragement and inspiration for both the mentee and the mentor.

- ❖ All volunteers/mentors involved in the program are thoroughly screened and must complete a background check for your child's safety. Mentors receive training to lay the foundation for a successful mentoring relationship as well as clarify roles, boundaries, expectations, and safety issues.
- ❖ Focusing on Families, Inc. staff and mentors are required to report any minor (under 18 years of age), who is currently endangered by abuse or neglect, and to report if children are suspected of being a danger to themselves or others.
- ❖ In permitting your child to participate in the Harvest Youth Mentoring program, you understand that Focusing on Families, Inc. is authorized to release or exchange any relevant information with its partners for reporting purposes alone.
- ❖ Focusing on Families, Inc. requests permission for your youth to participate in Harvest Youth Mentoring. Participation is completely voluntary.

Please check the appropriate boxes:

- I have read the program description and understand the goals and purpose of the program.
- YES, I give consent for my child, (name) \_\_\_\_\_, to participate in Harvest Youth Mentoring and affirm that my youth is in elementary or middle school. (Exceptions can be made with the approval of the HYM Program Coordinator)
- I permit any relevant information to be released and exchanged with my child's school.

Parent/Guardian name (print) \_\_\_\_\_ Signature \_\_\_\_\_

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

Mentee Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Cohort # \_\_\_\_\_



Focusing on Families, Inc.  
401 Ogletown Road #5766  
Newark, DE 19714  
302-981-8445  
www.focusingonfamilies.org

## Focusing on Families, Inc. Release and Indemnity Agreement

By allowing \_\_\_\_\_ (mentee applicant) to participate in Harvest Youth Mentoring, a program of Focusing on Families, Inc. I understand he/she will be meeting with volunteer mentors 18 years or older who have been screened and trained by Focusing on Families, Inc. I understand that his/her participation in hiking, climbing, field sports, group games and other active events have inherent risk, including but not limited to, the risk of serious physical injury. The undersigned assumes that risk on his/her behalf.

Medical treatment for the mentee applicant may be authorized by any Focusing on Families, Inc. staff member or volunteer as my agent at my sole expense. I further allow Harvest Youth Mentoring to give any medical provider the name of my medical insurance, which is \_\_\_\_\_, and my policy number, which is \_\_\_\_\_ and will provide Harvest Youth Mentoring with the most up to date insurance card.

In consideration of the mentee applicant's participation in any and all programs of Focusing on Families, Inc., the undersigned agrees on his/her behalf to defend indemnity and hold harmless Focusing on Families, Inc., their agents, servants, volunteers, Board of Directors and staff from any and all claims or damages arising out of (1) the mentee applicant's participation in any and all programs, and (2) any act, omission or negligence of the undersigned. The undersigned releases the Focusing on Families, Inc. from all claims, damages and causes of action s/he ever had, now has or hereafter may have by reason of the undersigned's participation in the programs of the undersigned's time with the Focusing on Families, Inc.

The undersigned agrees and consents on behalf of the mentee applicant to participation in awards, ceremonies, honor rolls and similar public awards for achievement and use by Focusing on Families, Inc. of his/her image in any ceremony, mailing brochures, press releases or advertising.

This form, properly executed, must be submitted to Focusing on Families, Inc. on or before the undersigned's arrival at Focusing on Families, Inc. programs and may be revoked at any time having the original of the form returned to the undersigned and a letter of revocation substituted therefore.

-----  
Signature of Mentee Applicant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Mentee Applicant \_\_\_\_\_

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/ Guardian \_\_\_\_\_

Mentee Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Cohort # \_\_\_\_\_