



**i AM THE BIG SISTER  
MENTORING PROGRAM  
Mentee "Little Sister" Application Process**

Thank you for your interest in the "i Am the Big Sister" Mentoring Program!

Attached is the application form for "i Am the Big Sister" Mentoring Program. Both the youth who is applying to be a mentee and their parent/guardian are expected to complete various parts of this form.

Once the program receives the application, the mentee or parent/guardian will be contacted to schedule an intake session. This session is designed for both the potential mentee to learn more about the program and for us to learn more about the potential mentee. The following topics may be discussed: demographic information, interest in mentoring, support system, living and financial situation, racial/cultural/religious affiliation, daily activities/schedules, health information, substance use, involvement with the criminal justice system or other services, matching information, and interests.

Mentees will be matched with a peer mentor who have gone through the appropriate screening and training process, and have skills and interests that we think will benefit their mentees. Both the mentee and mentor commit to a one-year (typically) mentoring relationship, and throughout that period, program staff will provide whatever support is needed to both the "Big Sister" and "Little Sister" through one-on-one supervision and group activities.

Parents/guardians of mentees are welcome to meet with mentors and program staff, and encouraged to support mentees so they may benefit from this program.

Please let us know if you have any questions or concerns.

We look forward to hearing from you!

i AM THE BIG SISTER MENTORING PROGRAM | A Program of i AM MY SISTER  
Corporate Office

P.O. Box 341267, Jamaica, NY 11434

o: 718.200.5376 | f: 888.418.9304

[www.iAmMySister.org](http://www.iAmMySister.org) | [www.facebook.com/iammysisternc](https://www.facebook.com/iammysisternc) | Instagram \* Twitter \* YouTube



**I AM THE BIG SISTER  
MENTORSHIP PROGRAM**  
*Frequently Asked Questions*

"i Am the Big Sister" Mentoring Program is a simple idea; sometimes you just need a friend...a sister. Someone that has made it through what they consider the most "scary" time in their entire life. The "Big Sister's" have the opportunity to share their experiences as positive role models. And the "Little Sister's" have the chance to learn that they are not alone in the issues they face and that understanding, kindness and compassion can be the foundation for better relationships with others. In doing so, all the girls develop confidence, leadership skills and compassion.

**Who are the mentors?**

"i Am the Big Sister" Mentors are high school and college students from the community that we serve; they are from a variety of different socio-economic and cultural backgrounds. They submit an extensive application with personal references, go through the interview and screening process (includes reference and background checks), participate in a one-day orientation, and attend trainings throughout their participation in the program. Mentors have a variety of motivations for getting involved with the program, but all have the desire to be a positive role model.

**How do you match mentors and mentees?**

Program staff aims to make meaningful matches that last for one year or longer by carefully matching mentors and mentees based on shared interests, personality, mentor skillsets, and other factors that are important to the mentee and their families. When a potential match is identified, the program shares non-identifiable information on the mentor and mentee to all parties, and if all parties agree, a meeting is set up between the mentor, mentee, and program staff. A match can be reconsidered after the first six weeks. Unfortunately, sometimes the program will not be able to match everyone who applies, and most of the time this will be because there are no appropriate matches at the time, and not because a participant is unsuitable for the program. In cases where an applicant/participant is deemed no longer suitable for the program, they will be notified in person and in writing.

**When will mentees meet with their mentors? What kinds of activities will they do together?**

Meetings will be at a day and time convenient to the mentee, the mentee's family, and the mentor. There is no scheduled location or activity for the meetings, but mentors and mentees are asked to spend time together at least four times per month in a community-based setting, and also have weekly contact, whether by phone, e-mail, video chat, texting, etc. Activities will be chosen based on the mentee's interests and needs and may range from going to a museum, taking walks, watching a movie, doing homework, or attending a training, to name a few.

**What's the cost and who will pay for the activities?**

There is a \$25 annual administration fee. In regards to the activities, the program recommends that mentors and mentees find free or low-cost activities or ways to spend time together. If there is a cost for a chosen activity, the mentee or mentee's family is expected to cover it for the mentee. As with any friend, a mentor may treat their mentee occasionally, but it should not be an expectation.



**Will the program host any activities for mentors and mentees?**

The “i Am the Big Sister” Mentoring Program will host activities, events, and workshops for mentees and mentors. The program will host Monthly Mentoring Workshops that are mainly geared toward mentors to receive continuous training and supervision, but also include trainings that mentors and mentees can attend together. Mentees will also have the opportunity to join a mentee-only group (if available in your area).

**What about transportation?**

We encourage mentors and mentees to meet up at the designated activity location. Some mentors may have their own vehicles, if there is a specific request for a mentor to transport a mentee in their vehicle, the program, along with any parent/guardian, must provide explicit written permission for this to occur.

**Should parents/guardians communicate with mentors and let them know about family problems/concerns?**

We recommend that you share this information with the program staff. It is important that the mentee and their family feel comfortable with the mentor. Parents/guardians should feel free to communicate directly with mentors for less serious issues or to request mediation by program staff for issues large and small. Care should be taken to not talk about the mentor in front of the mentee regarding issues.

**What if family plans conflict with a meeting?**

Time spent with a mentor should complement or add to family time; please carry on with your regular family plans, and allow the mentor and mentee to plan their time together around your plans. It may help to let your child and their mentor know about planned family events in advance to avoid conflicts.

**Can other family members or I go with my child and the mentor?**

A mentoring relationship is special in part because it is a one-on-one relationship. The mentor and your child will keep you informed about their plans, and if at any time you are uncomfortable with them, please let us know. Mentors and the program staff will be sensitive to parental concerns and will try to find an arrangement that is acceptable.

**How can I be sure that the mentor will support my rules and regulations?**

In the beginning, talk to the mentor about any rules or regulations that you expect to arise in their relationship with your child, such as strict rules about curfew or activities in which your child may not participate. Make this information known at the beginning to help avoid misunderstandings later. This should also be indicated on forms and in the initial meeting.

**What if there are concerns or questions I don’t want to discuss with the mentor?**

Please feel free to contact Lela Blackwell at 718-200.5376 or via email at [lela.blackwell@iammysister.org](mailto:lela.blackwell@iammysister.org). We are here to make the “i Am the Big Sister” Mentoring Program work for mentees, mentors, and parents, and encourage you to voice your concerns as they come up.



## MENTEE APPLICATION FORM

THANK YOU FOR YOUR INTEREST IN THE "i AM THE BIG SISTER" MENTORING PROGRAM! THIS SECTION SHOULD BE COMPLETED BY THE YOUTH AND PARENT/GUARDIAN.

### BACKGROUND INFORMATION

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

Previous Names Used: \_\_\_\_\_

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

If you do not have a home address, where do you stay? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Ethnicity: White/Caucasian  Black/African American  Hispanic/Latino  Asian   
American Indian/Alaskan Native  Other (please specify): \_\_\_\_\_

Gender Identity: \_\_\_\_\_

Preferred Gender Pronouns: She/Her/Hers  He/His/His  They/Their/Theirs  Other: \_\_\_\_\_

Currently involved with the state Department of Children and Families: YES or NO

Currently involved with the state Department of Youth Services: YES or NO

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

What is the best way to contact you?

Cellphone  Texting  Home Phone  E-mail  Other (please specify): \_\_\_\_\_

Other members in the mentee/youth's household:

Name	Gender	Age	Relationship to Youth



**PARENT /GUARDIAN INFORMATION (To be filled out by parent/guardian)**

Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Relationship to youth: \_\_\_\_\_ Do you live with the youth? \_\_\_\_\_

Will you be able to help with transportation of your youth to meeting with a mentor? \_\_\_\_\_

\_\_\_\_\_

On a scale of 1 to 5 (1 being the least and 5 being the most), how involved will you be in this program?

*Uninvolved*   1   2   3   4   5   *Very Involved*

**EMERGENCY CONTACT INFORMATION (If not the parents/guardian)**

Emergency Contact Name: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

**PHYSICAL AND MENTAL HEALTH**

Medical Insurance Provider: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

Therapist or Other Provider (if any): \_\_\_\_\_

Does the youth currently have any physical, emotional, or behavioral issues that might affect their ability to participate in this program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Does the youth currently take any medications? Please describe: \_\_\_\_\_

\_\_\_\_\_

Does the youth currently experience or have a history of any of the following?

*(Please check all that apply)*

- Mental Retardation; please specify severity as mild or severe: \_\_\_\_\_
- Autism (social impairment, language impairments, rigidity)
- Asperger's (difficulty making friends or interacting with peers, lack empathy)
- Depression (sad, irritable, hopeless, poor sleep, poor appetite, social withdrawal)
- Anxiety (worries often, restless, scared, obsessive thoughts/impulses, poor sleep)
- Mood Swings (easily angered, rapid shifts of emotional states from sad to angry)
- Behavioral problems (history of fights, conflict with authority, frequent arguing)
- Attention-Deficit or Hyperactivity (difficulty focusing or completing tasks, restless)
- Eating Problems (history of eating disorders, over-eating, not eating, vomiting)
- PTSD or symptoms (recurrent or intrusive thoughts, nightmares, flashbacks)
- Suicidal thoughts, behaviors, attempts
- Violence
- Psychiatric Hospitalizations

#### PREVIOUS PROGRAM EXPERIENCE

Has the youth ever previously participated in any i Am My Sister programs or events? Which ones?

\_\_\_\_\_

\_\_\_\_\_

Has the youth ever previously applied to or participated in a mentoring program elsewhere? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

What other programs (after-school programs, clubs, etc.) has that youth previously participated in?

\_\_\_\_\_

\_\_\_\_\_



**THE FOLLOWING SECTION SHOULD BE COMPLETED BY THE YOUTH/MENTEE.**

What is your involvement, if any, with the community in your area? \_\_\_\_\_

---

---

How would your friends and relatives describe you? \_\_\_\_\_

---

---

What are three words that best describe you? \_\_\_\_\_

---

---

What is "YOUR" definition of a mentor? \_\_\_\_\_

---

---

---

---

**ABOUT YOUR IDEAL MENTOR**

What type of person would you want your mentor to be?

Personality traits: \_\_\_\_\_

---

---

Availability/Schedule: \_\_\_\_\_

---

---



Skills/Connections/Knowledge: \_\_\_\_\_

Other: \_\_\_\_\_

### SCHEDULE AND AVAILABILITY

Please place an "X" on the days/times that you are available to meet with a mentor:

	MORNING	AFTERNOON	AFTER SCHOOL	NO
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				

Please indicate how you are able to/like to get around:

Car (Mentor): \_\_\_\_\_ Car (Parent): \_\_\_\_\_ Bicycle: \_\_\_\_\_ Walking: \_\_\_\_\_ Other: \_\_\_\_\_





**PROGRAM CONTACT INFORMATION**

**THANK YOU SO MUCH FOR COMPLETING THIS FORM!**

Please send this form, along with any supplemental documents, to the address listed below. Program staff will contact you upon receipt.

**i AM THE BIG SISTER**

c/o I Am My Sister  
P.O. Box 341267  
Jamaica, NY 11434

OR fax to: 888-418-9304 OR Email to: [programs@iammysister.org](mailto:programs@iammysister.org)

**QUESTIONS?** Please contact Lela Blackwell at 718-200-5376, or e-mail at [lela.blackwell@iammysister.org](mailto:lela.blackwell@iammysister.org).

**AND FINALLY...**

How did you hear about this program?

---

Would you like to sign up to receive e-mail updates from I AM MY SISTER?

---

What type of activities/events would you like to see in your community?

---

---



## PARENT/GUARDIAN CONSENT AND LIABILITY RELEASE FORM

The "i AM THE BIG SISTER" Mentoring Program appreciates the youth's and your interest in their becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their youth to participate in the program.

Please read carefully and initial each of the following:

- \_\_\_\_\_ I give my informed consent and permission for the youth to participate in "i AM THE BIG SISTER" Mentoring Program and its related activities.
- \_\_\_\_\_ I agree to encourage the youth to follow all "i AM THE BIG SISTER" Mentoring Program guidelines and I understand that any violation on the youth's part may result in suspension and/or termination from the program.
- \_\_\_\_\_ I hereby acknowledge that, allowing the mentor to either transport the youth in a vehicle or welcome a youth into their home while participating in the "i AM THE BIG SISTER" Mentoring Program activities, that such transportation or home visit is voluntary and at the youth's and parent's/guardian's own risk.
- \_\_\_\_\_ I release the "i AM THE BIG SISTER" Mentoring Program and I Am My Sister of all liability of injury, death, or other damages to me, the youth/mentee I am completing this application for, his/her family, estate, or heirs, that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any "i AM THE BIG SISTER" Mentoring Program and i Am My Sister staff, volunteers, interns, stipend mentors, or any other agency representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.
- \_\_\_\_\_ I agree to allow "i AM THE BIG SISTER" Mentoring Program, I Am My Sister, or any other agency representatives and/or any partnering agencies, including but not limited to, funding agencies and county departments, to collect demographic information and outcome measures of the youth/mentee I am completing this application for, to be used for research and evaluation purposes.
- \_\_\_\_\_ I agree to allow "i AM THE BIG SISTER" Mentoring Program and i Am My Sister to use any photographic image or videotaping of the youth/mentee I am completing this application for, taken while participating in the mentorship program. These images may be used in promotions or other related marketing materials.



i Am the Big Sister" Mentoring Program | Mentee "Little Sister" Application Packet

I understand I must return all of the *Release of Information* form along with this application and that any incomplete information will result in the delay of this application being processed.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**RELEASE OF INFORMATION  
FORM**

(To Be Completed by the  
Parent/Guardian)

Youth (Mentee) Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I hereby grant permission for “i AM THE BIG SISTER” Mentoring Program to make contact with the youth/mentee I am completing this application for and conduct a personal interview as part of the application process to become a mentee.

I authorize release of information, as deemed necessary by “i AM THE BIG SISTER” Mentoring Program and agency representatives, in the event of emergency where identifying information is needed to ensure appropriate emergency treatment is provided.

I authorize “i AM THE BIG SISTER” Mentoring Program to obtain any needed information, regarding the youth/mentee I am completing this application for, from his/her current providers including social worker, therapist, probation officer, etc., or from his/her school’s staff, including academic and behavioral records and conversations with teachers, counselors, and any other administrative staff.

I also authorize release of information, as deemed necessary by “i AM THE BIG SISTER” Mentoring Program staff and agency representatives, to aid in coordination and collaboration with, but not limited to, the youth’s social worker, probation officer, etc. To name more specifically, I authorize consent to release information about the youth to the following persons, as deemed necessary (include name and contact information for youth’s social worker, probation officer, therapist, doctor, teacher, etc.)

Name of Person	Relationship to Youth	Phone Number

Further, I understand that basic information about the youth/mentee I am completing this application for will be shared, anonymously (without names), with a prospective mentor to aid in determining a suitable match. Once a mentor/mentee match is determined, the identity of the youth/mentee I am completing this application for and other relevant information will be shared with the mentor to the extent that it aids in facilitating a successful match.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date