

**MENTORSHIP AT UCLA IS BACK IN PERSON WITH
LIMITED SPACE***

Special Application Submission Instructions:
DUE 10/22/2022

Printed applications must be submitted at the **North Hollywood Target park on October 22nd, 2022 from 11am-1pm.**

If you can't make it to the event you can submit to North Hollywood Apartments 6724 Tujunga Ave. North Hollywood, CA 91606. Please note that the office is closed to the public, you can call the office Monday through Friday from 8am to 4:30pm to 818.769.3617. There is a drop box under the window, next to the main door, where you can drop off the application OR scan and email the application to myjacobo@voala.org or mship.pds@gmail.com

*Due to COVID safety protocols there are limited spaces for both Tuesday and Wednesday events.

Please do not hesitate to call if you have any questions!!

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Mentorship at UCLA está de regreso en persona con espacio limitado*

Instrucciones especiales para someter su Aplicación de Mentorship:
ENTREGAR el 10/22/2022

Las aplicaciones deben ser sometidas en el **Parque del Target en North Hollywood el 22 de Octubre del 2022 entre 11am y 1pm.**

Si no pueden asistir al evento, pueden someter la aplicación a la oficina de North Hollywood Apartments 6724 Tujunga Ave. North Hollywood, CA 91606. Por favor tome nota que la oficina está cerrada al público. Usted puede llamar de Lunes a Viernes entre 8am y 4:30pm al 818.769.3617. También puede entregar la aplicación en el buzón localizado debajo de la ventana a lado izquierdo de la puerta principal de la oficina. Alternativamente, puede mandar una copia por correo electrónico a myjacobo@voala.org o mship.pds@gmail.com.

*Debido a los protocolos de seguridad de COVID el espacio para Martes y Miércoles están limitados.

¡No dude en llamar si tiene alguna pregunta!



Mentorship Program at UCLA

High School Mentee Application

2022 - 2023

Tell Us Who You Are!

Name: _____ Grade: _____ Age: _____

Birthday: _____ Phone Number (if applicable) _____

Email: _____ Gender: Male Female Other

Please list all previous schools:

Elementary School(s): _____

Middle School(s): _____

High School(s): _____

What are your involvements outside of school? (Sports, Clubs, Leadership Roles, Jobs, etc.)

T-Shirt Size (circle one): Youth: S M L XL Adult: S M L XL

Personal Information:

Home Address: _____

Home Phone Number: _____ Language Spoken at Home: _____

Preferred Language: _____

Parent/Guardian #1: Name and Relationship to You _____

Cell Phone Number _____

Parent/Guardian #2: Name and Relationship to You _____

Cell Phone Number _____

Parent/Guardian Email Addresses: _____

Who lives with you at home? List their names and relationship to you:

Do you have any family members in the program or applying to the program? List their names and relationship to you:

Time Commitment Information*

- Tuesdays, with in person events taking place every other Tuesday, (5 - 7pm)
- OR**
- Wednesdays, with in person events taking place every other Wednesday, (5 - 7pm)

Are you willing to make this commitment? (Circle one): **Y / N**

Could any of the commitments you listed above interfere with Mentorship? If so, what are they and what events do they interfere with? Please explain why these commitments conflict with Mentorship events and how many of each event (Weekday and Saturday) you expect to miss as a result.

*Schedule is subject to change should events transition to an in-person setting. Information will be provided when available under these circumstances.

Emergency Contact Information:

Name #1: _____
Relationship: _____
Phone Number: _____

Name #2: _____

Relationship: _____

Phone Number: _____

Name #3: _____

Relationship: _____

Phone Number: _____

Availability: (circle an option)

Short Answer: (Take your time! We use these responses to pair you with a great mentor.)

Why do you want to be in Mentorship or reapply to Mentorship?

What are you most excited to do with your mentor this year?

What are three things you want your mentor to know about you?

Describe a great day. What are you doing that makes it so special?

Your Personality:

What are your favorite hobbies? _____

What is your favorite subject in school? _____

What is your dream job? _____

What is your dream vacation? _____

Circle five words that describe who you are:

Shy	Passionate	Follower	Observant	Giggly
Artistic	Creative	Brave	Unique	Ambitious
Mature	Silly	Confident	Strong	Leader
Sweet	Funny	Studious	Curious	Warm
Spiritual	Sensitive	Liberal	Athletic	Adventurous
Hyper	Laid-Back	Caring	Talkative	Clever

Insightful Independent Joker Stubborn Generous
Fashionable Calm Responsible Outgoing Easy-going

What do you hope to pursue after graduating high school? (Circle all that apply!) Don't worry if you don't know! Everyone's plans change and nothing is set in stone, we just want to match you with a good mentor.

2-Year College Job Military
4-Year University Trade School Other: _____

If you are applying to schools after graduation, which ones?

Illustrate/make and attach something that you would like to accomplish with your mentor this year. It can be as simple and creative as you want it to be. (This will not affect your application, we just want to know more about you.)

Feedback Questions:

Returning Mentees:

How many years have you been in the program? _____

Who was your mentor last year? How long has this person been your mentor?

What was your relationship with your mentor like? What did your mentor do well? What can they improve on?

What changes to the High School Program or Mentorship as a whole would you make if you had the opportunity?

What would you like to do this year with Mentorship?

New Mentees:

What do you hope to get out of Mentorship?

New and Returning Mentees:

How will the relationship between you and your mentor influence your life? (Minimum 3 sentences. Be honest!):

Please describe your perfect mentor. What are they like? What do they like? What are they good at?

Updated Information for the 2022 - 2023 Program Year
Parents, this section must be read carefully and signed!
Covid Protocols

We are currently planning to hold our Winter events, those taking place during January, February, and March, in person. Please read the following protocols for mentees to participate:

Health Check:

-Upon the Students arrival the designated staff member must complete the daily health inspection of every person that will participate in the program. This will require staff to sign in and provide the most current phone number and emergency contact.

-The designated staff member in their PPE will take the students temperature using the infrared thermometer.

-Staff will inform student/visitor about all entry guidelines including checking for symptoms. Refer to symptoms chart and questions. And, If there is a health concern the student, **will not** be allow to attend UCLA/the field trip.

Masks: Anyone entering the bus must wear a face covering at all times regardless of vaccination status. This includes all staff/visitors/students and any children over the age of two (2). A replacement mask should be brought and be readily available for students. Cloth masks or masks with valves or gaiters will not be allowed and a mask can be provided if the one being used is soiled/lost or damaged.

Physical Distancing- Everyone must follow physical distancing guidelines and stay six (6) feet away from others. This includes in workstations, bathrooms, elevators, computer labs and during filed trips.

Field Trips:

Field trips are allowed as long as health officer orders for outdoor events is followed. Staff and students must also continue to mask, ensure physical distancing and follow the designated protocol for the particular event/business sector/or drive by. Guidance's can be looked up at www.lacounty.gov under protocols. Transportation can be provided for Up to date or fully vaccinated (not booster eligible) staff and students only. Covid Testing will be provided and a negative test result is required on the day of each trip for both students and staff.

Food Consumption:

No food consumption is allowed on site for visitors or students. We ask that all students bring their own individual drink container that is labeled. Face coverings are to be removed while consuming a drink and replaced as soon as they are done.

I declare that the terms of these COVID Protocols have been completely read and are fully understood, and are voluntarily accepted.

(Signature of Parent/Guardian)

(Date)

(Signature of mentee)

(Date)

New Information for the 2022-2023 Program Year

Parents, please read and answer this section carefully!

(In the event we shall return to a virtual setting)

Zoom Access

Will every child who is participating in Mentorship this year have their own Zoom account on Tuesdays and/or Wednesdays?

YES NO

These ZOOM meetings will be conducted and monitored by the Mentorship Committee and selected UCLA students. Do you approve of your child participating in this virtual format?

YES NO

Do you have reliable WIFI to participate in the ZOOM meetings?

YES NO

Photo/Social Media Consent

Is it okay for photos of your child to be featured on Mentorship social media accounts? (i.e. Mentorship website, instagram, facebook). They will not be tagged or identified in any way besides their first names.

YES NO

Contact Preferences

We anticipate this year to be unconventional and full of new opportunities, along with some new challenges. As such, we want to keep in contact with families as best as possible.

Please indicate the best method for us to reach you on the day of events to 1) send the event's ZOOM link/password and 2) ensure your child is able to participate.

Name

Preferred Method of Contact (Email Address/Phone Number)

Would you like us to contact you in Spanish?

YES NO

Mentorship Program at UCLA

2022-2023 Parent Application

Purpose

The purpose of this parent application is to further inform the Mentorship Program at UCLA about the background of our program recipients. This application serves primarily to establish potential programming for the upcoming year which can add to the enhancement to the program for your child.

Please answer all questions honestly and to the best of your knowledge. The content within this application will no way be used against you or your child.

Household information

1. Name _____ Relationship to mentee: _____
2. Please check all of those individuals currently living in your home: Mother father
Grandmother Sister/s(How many___) Brother/s(How many___) Other (cousins, aunts, family friends etc.)
3. Marital Status: Single Married Separated Divorced Widow Common Law
4. If one or both parents are absent;
 - A. What is the location of parent one?
Out of the country Military Deceased Prison Other _____
 - B. What is the location of parent two?
Out of the country Military Deceased Prison Other _____

Head of Household employment information:

1. Do you currently hold a job? Yes No
2. If yes, what is your job and job title _____
3. If no, please explain _____
4. What is your employment status? full-time Part-time Hourly (Hrs per week _____)
5. Where is your job located? _____

Do you have any questions?

By Signing below you are verifying that all of the above information has been written by yourself and is accurate and true to the best of your knowledge.

Signature _____ Date: _____

Release of Liability

Mentorship Program at UCLA
Year 2022-2023
(To be completed by each Parent/Guardian)

Parent / Guardian Name: _____
(Print)

Address: _____

Home Telephone Number: () _____

Mobile Telephone Number: () _____

Name of Child

D.O.B

I hereby release and hold harmless, Volunteers of America, Los Angeles, Its agents, representatives, and employees from any liability which may arise in connection with my child(ren)'s participation in any and all Mentorship Program at UCLA events, including but not limited, to potential liability from accidents or injuries which may occur, or potential liability resulting from the content of any and all program activities including staff provided transportation thereafter. I also understand that my child(ren) and I are aware of this information, and we acknowledge this by signing this Parent/Guardian Liability Release Form.

Waive of Liability

I declare that the terms of this Release have been completely read and are fully understood, and are voluntarily accepted.

(Signature of Parent/Guardian)

(Date)

(Signature of Parent/Guardian)

(Date)

Mentee/Parent Contract

I, _____ (mentee), am fully informed about the *Mentorship Program at UCLA* and agree to follow all the guidelines and rules listed below for the period of one school year. As a mentee, I fully accept the following responsibilities:

- To obtain parent/school approval for mentoring activities
- To meet with my mentor at least 3 times a month for one school year
- To be punctual: I will arrive on time to all meetings and events
- To be consistent: I will attend all meetings and events
- To let the Program Director AND my mentor know at least 24 hours in advance if I am unable to make any session or meeting with my mentor
- Not to ask my mentor to give or loan money to me or anyone else
- To treat my mentor and all other program members with respect
- To participate in evaluation of the program
- To advise the Program Director of any concerns that should be addressed

I understand that for the success of this program and the mentor-mentee relationship, it is critical that this commitment is year-long, and unless under extreme circumstances, **the mentee will attend all activities and remain until it's closing at the end of the school year.**

Mentee Signature _____ Date: _____

I give permission for my child, _____, to participate in the Mentorship Program at UCLA for the 2022-2023 school year. I understand the nature and rule of the Mentorship's mentoring efforts and reserve the right to withdraw from the program at any time.

Parent/Guardian Signature: _____ Date: _____

Mentee/Padre Contrato

Yo, _____ (mentee), estoy completamente informado sobre el programa de Mentorship y acepto todas las reglas y condiciones mencionadas abajo por el curso de un año académico. Como mentee, acepto completamente las siguientes responsabilidades.

- Obtener padre/escuela consentimiento para las actividades de Mentorship
- Reunirme con mi mentor 3 veces al mes por año
- Ser puntual: llegar a tiempo a todas las juntas y eventos de Mentorship
- Consistencia: prometo atender todos los eventos y juntas de Mentorship
- Si voy a estar ausente entiendo que tengo que contactar a mi mentor y al coordinador del programa 24 horas antes del programa
- Prohibido pedir dinero a mi mentor para mí o alguien mas
- Trataré con respeto a mi mentor y a todas las personas del programa
- Participare en evaluaciones del programa
- Comunicare al coordinador del programa de algún problema que requiera atención inmediata.

Entiendo que el éxito del programa y de mi relación con mi mentor depende mucho de mi compromiso de estar en el programa por un año, al menos que sean circunstancias fuera de mi control, prometo ir a todas las actividades y eventos hasta el fin de año académico del programa.

Firma del Mentee: _____ Date: _____

Yo doy consentimiento a mi niño(a), _____ para participar en el programa de Mentorship de UCLA para el año 2022-2023. Entiendo las reglas y filosofía del programa de Mentorship y tengo el derecho de terminar mi contrato en cualquier momento.

Firma del Padres/Guardianes: _____ Date: _____

Participant Filed Trip Permission Slip
(To be completed by Parent/Guardian or Caregiver)

Please complete and return this form to the North Hollywood Apartments staff of the field trips/activities.
(No participant will be permitted to participate in this activity without this form on file)

_____ Student at _____
(Participant Name/Please Print) (D.O.B) (School)

Has my permission to participate in the following:

Activities: UCLA Mentorship

Method of Transportation: School Bus
(Bus, van, plane, train)

Tuesday	4:00 p.m. - 8:00 p.m.	North Hollywood Apartments 6724 Tujunga Avenue North Hollywood CA, 91606
Wednesday	4:00 p.m. - 8:00 p.m.	North Hollywood Apartments 6724 Tujunga Avenue North Hollywood CA, 91606
Saturday	9:00 a.m. - 3:00 p.m.	Maud Booth Family Center 11243 Kittridge St. North Hollywood CA, 91606

Emergency Contact Card/ Contacto de Emergencia

Student's name: _____
Age: _____
Date of birth: _____

Medical conditions: _____
Allergies: _____
Current medications: _____
Type of insurance: _____
Insurance #: _____
Family doctor: _____
Doctor's phone: _____
Prefer Hospital: _____

Parent's/guardian's name: _____
Home phone: _____
Work phone: _____
Cell phone: _____

Alternate contact's name: _____
Home phone: _____
Work phone: _____
Cell phone: _____

Alternate contact's name: _____
Home phone: _____
Work phone: _____
Cell phone: _____

Notes:

*A new Emergency Contacts sheet must be submitted yearly, and every time information changes.