

Brockton Public Schools

Dear Students and Parent/Guardians:

Congratulations on being selected to apply to the FAM (Friends and Mentors) Inc. Mentoring Program. The mission of Friends and Mentors Mentoring Program (FAM) is to improve our students' academic performance, social and emotional competence, and the avoidance of high-risk behaviors by providing influential relationships with caring mentors who work to help the mentees achieve their maximum potential. FAM works to empower our youth to serve as leaders in their communities, advocate for social justice, engage in our democracy, make positive life choices, and realize their full potential. FAM and Brockton Public Schools (BPS) have partnered to institute FAM's Mentoring Program at the Keith Center for students who have faced challenges in their school performance, but show great potential. This program pairs BPS students with college/university students and/or community leaders. Each year a new group of students is chosen in the spring for the program. It is the expectation that students selected to participate will remain involved with the program throughout their entire high school career and graduate from Champion High School.

Students accepted into the program will be invited with their families to attend an introductory event to learn about FAM. In the summer, the students **must** attend a mandatory four-day summer institute. Beginning in September of their ninth grade year students begin their first academic year of the FAM Mentoring Program.

During the academic year students attend weekly get-togethers with their mentors and program administrators. Throughout their experience in the program, the students will engage in one on one and small group mentoring with their mentors. They will attend cultural and social events, will perform community service projects, and will be expected to work hard on their academics and utilize BPS school-based academic support services. Students will also receive advisement about college requirements and career exploration.

By eleventh and twelfth grade, the Brockton students will be prepared to mentor the ninth and tenth grade students in the program. By becoming civically engaged, all students will discover new talents, participate in team building activities and learn to be mentors in their own school and community.

Mentors in the FAM Mentoring Program are required to attend a 3-day Intensive Training that focuses on "*Leadership and Mentoring for Social Change*". Mentors are required to commit to a year of mentoring, and will continue to be mentors in the program for as long as they'd like, and as long as they meet program expectations each year. They will develop leadership and mentoring experience for inclusion in their college and/or career portfolios.

We look forward to reviewing your application! **Please return completed applications to your Guidance Counselor by Friday, November, 20, 2019.**

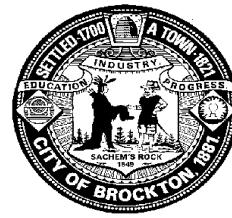
Sincerely,

Kenny Monteiro
President, Friends and Mentors Inc.

Shanna Gray
Mentor Program Liaison
Brockton Public Schools



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FAM (Friends And Mentors) Inc. Program Application

General Information

Name: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Parent/Guardian's Name: _____

Parent/Guardian's Address (if different from above): _____

Parent/Guardian's Best Contact Number: _____

Participation in this program means you have a desire to go to college after high school and are ready to make a commitment to the FAM Mentoring Program, for the next four (4) years, by taking your academic studies and community service activities seriously. Please state three (3) reasons for why you should be selected for this program.

1.

2.

3.

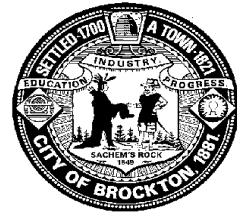
Student signature/date

Parent/Guardian Signature/date

By signing this document, as a student, I agree that I have a desire to go to college and that I am ready to make a commitment to the FAM Mentoring Program. I agree to work hard on my studies and apply my best effort to community service projects. As parent/guardian, I give my son/daughter permission to apply for the FAM Mentoring Program activities and I understand that if chosen, my child is agreeing to participate in this program until he/she graduates from High School.



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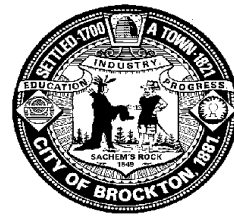
Getting to Know You...

An Interview

1. How would your friends and family describe you?
2. What profession do you want to be when you're older?
3. If you could change 3 things about yourself, what would they be?
4. Who lives at home with you?
5. Who are your best friends?
6. What are the qualities that make a good friend?
7. What is your favorite class at school?



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8. What is the hardest part about school right now?

12. Why do you think finishing high school is important?

9. What kind of music do you listen to?

13. What is your least favorite class at school?

10. What is your favorite book?

14. What are your **strengths** at home, school & in the community?

11. What is your favorite movie?

15. What are your **weaknesses** at home, school & in the community?



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FAM (Friends And Mentors) Inc. Participant Contact Info.

(To Be Completed by the Parent/Guardian)

Personal Information

Date: _____

Youth's Name: _____

Date of Birth ___/___/___

Age: _____

Ethnicity: Caucasian: ___ Hispanic: ___ African American: ___ Asian: ___ Other: ___

Name of School: _____ Grade: _____

Parent/Guardian Name: _____ Relationship to Youth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Phone Number: _____

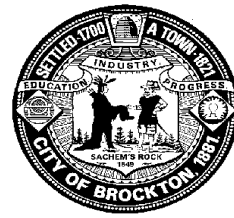
How do you think a FAM for Change mentor can help your child? _____

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant



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Medical History

Name of Primary Care Physician: _____ Phone No.: _____

Medical Insurance Provider: _____

Policy Number: _____ Phone No.: _____

Hospital Preference in case of emergency: _____

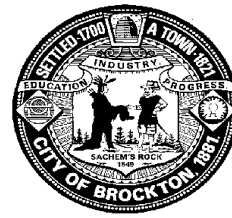
Does your child have any physical problems or limitations?

Is your child currently receiving treatment for any medical issues?

Is he/she currently on any type of medication? Is so, please specify.

Does your child have any known allergies or adverse reactions to medications? If yes, please describe them below:

Does your child have any emotional issues or problems right now?



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Please read this carefully before signing

FAM, Inc. appreciates you and your child’s interest in his becoming a participant mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their son/daughter to participate in the FAM Mentoring Program.

Much of the information you supply in this application packet will be used to match your child with an appropriate mentor. Therefore, the FAM staff may, at times, need to access and share this information with prospective mentors and other parties when it is in the best interest of the match.

Please initial each of the following

_____ I give my informed consent and permission for my child to participate in the FAM Mentoring Program and its related activities.

_____ I agree to have my child follow all mentoring program guidelines and understand that any violation on my child’s part may result in suspension and/or termination of his/her participation in the program.

_____ I hereby acknowledge that my child may be transported by his mentor and/or FAM, Inc. representatives while participating in the FAM for Change Mentor Program, and that such transportation is voluntary and at his own risk.

_____ I agree to allow FAM and Brockton Public Schools to share information about my child including: teacher/counselor contact, attendance and performance/academic [e.g. report cards and transcripts].

_____ (optional) I agree to allow FAM and its sponsored partners to use any photographic image of my child taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

By signing below, I agree to all the above terms and conditions.

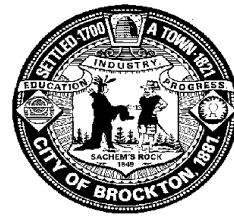
X

Parent/Guardian Signature

Date



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Contact and Information Release

(To Be Completed by the Parent/Guardian)

Youth's Name: _____ Date: _____

School: _____

I hereby grant permission for FAM, Inc. to contact my child and conduct a personal interview for the purposes of participating in this program.

I authorize FAM, Inc. to obtain any needed information regarding my child from his/her school's staff, including academic [e.g. report cards and transcripts], behavioral records and conversations with teachers, counselors, and other administrative staff.

Further, I understand that basic information about my child will be shared with prospective mentors to aid in determining a suitable match. Once a mentor/mentee match is determined, other relevant information may be shared with the mentor to the extent it aids in facilitating a successful match.

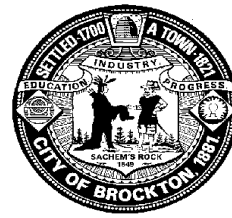
X

Parent/Guardian Signature

Date



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FAM (Friends And Mentors) Inc. Participant Agreement
(to be completed by student)

Name: _____

Date: _____

By choosing to participate in the FAM Mentoring Program, I agree to:

- ***make a serious commitment to my studies while in high school by requesting homework help and utilizing school-based academic support services***
- ***make a serious commitment to the FAM Mentoring Program***
- ***follow all rules and guidelines as outlined by the Program, participant training and this contract***
- ***have a positive attitude and be respectful of my mentor(s)***
- ***submit parent/guardian permission slips for all field trips that may occur, at least one week in advance***
- ***be on time for scheduled meetings or call the Program at least 24 hours in advance if I am unable to make a meeting***
- ***inform the Program, my mentor, or other responsible adult of any difficulties or areas of concern that may arise in the relationship or with my participation in the program***
- ***participate in a closure process when the time comes***
- ***notify the Program if I have any changes in address, phone number or other contact information***

_____ (please initial) I understand that upon match closure, future contact with my mentor is beyond the scope of FAM, Inc. and can happen only by the mutual consensus of the mentor, mentee and my parent/guardian.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the Program at this time or in the future.

X

Student signature

Date



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Parent/Guardian Participation Agreement (to be completed by parent/guardian)

Student Name: _____ Date: _____

By allowing my son to participate in the FAM Mentoring Program I agree to:

- **support my child with his/her studies by helping with homework and/or encouraging the use of school-based academic support services**
- **allow my child to participate in the FAM Mentoring Program and to be matched with a Mentor**
- **follow and encourage my child to follow all rules and guidelines as outlined by the Program, program policies and this agreement**
- **support my child being on time for scheduled meetings or have him call the Program at least 24 hours beforehand if he is unable to make a meeting**
- **regular and open communication with the Program as requested**
- **inform the Program if I observe any difficulties or have areas of concerns that may arise in the match relationship or in the program design**
- **participate in a closure process when that time comes**
- **notify the Program if I have changes in address, phone number or other contact information**
- **provide the Program with any updated health insurance information for my child**
- **attend at least 4 of the monthly Parent Advisory meeting per year**

_____ (please initial) I understand that upon match closure, future contact with my mentor is beyond the scope of the FAM, Inc. and can happen only by the mutual consensus of the mentor, mentee and myself.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program manager at this time or in the future.

X
Signature

Date