





## MENTEE EXPECTATIONS

As a mentee, I agree to:

1. Treat my mentor as a friend.
2. Tell my mentor if I am uncomfortable with a certain activity.
3. Follow the rules of the program and my parent(s)/guardian(s).
4. Tell my parent(s)/guardian(s) about the activities my mentor and I do together.
5. Tell my parent(s)/guardian(s) or program staff if I am uncomfortable with the relationship between my mentor and me.
6. Not talk or text excessively on my cell phone when I am with my mentor or at mentoring events.
7. Tell my parent(s)/guardian(s) or program staff if my mentor uses tobacco, drinks alcohol, or takes illegal drugs when we are together.
8. Expect my mentor to treat me as a friend. My mentor should not share personal information with others unless there is possible threat of harm to others or me.
9. **Not** have overnight visits with my mentor. There are no exceptions.
10. Complete, along with my parent(s)/guardian(s), an evaluation at the beginning of the relationship and yearly about my progress in the program.
11. Give my permission to have my photo/voice used by Helping Services for Northeast Iowa, Inc. for promotional purposes.

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Mentee's Signature

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Date

**FAMILY FORM**

**Mentoring Programs at Helping Services**

P.O. Box 372  
Decorah, IA 52101  
(563) 387-1720 ext. 108/110

Parent/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Workplace \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Workplace \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family/parent/guardian e-mail address: \_\_\_\_\_

Household members: (Names, ages, and relationship to parent/guardian) \_\_\_\_\_

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

If I cannot be reached in the event of an emergency, the following person can be called:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Work or Cell Phone \_\_\_\_\_ Relationship to parent/guardian \_\_\_\_\_

What special family situations do you have? (For example: divorce, single parent, uninvolved parent, blended family, foster children, sibling conflict, etc.) \_\_\_\_\_

\_\_\_\_\_

**For Office Use Only:**

\_\_\_ DV \_\_\_ CA, SA \_\_\_ SubA \_\_\_ MH \_\_\_ Aca

\_\_\_ JCS \_\_\_ AGG Beh \_\_\_ LowI \_\_\_ RelationS

# Parent/Guardian Form

Child's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

What do you hope your child will gain from his/her experience while having a mentor? \_\_\_\_\_

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What special characteristics are you looking for in a mentor for your child? \_\_\_\_\_

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Does your child have any special medical conditions or other needs that your child's mentor should be aware of? \_\_\_\_\_

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Please list hobbies/interests you would like the mentor to have: \_\_\_\_\_

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Do you have a preference for your child to have a \_\_\_\_\_ male mentor or \_\_\_\_\_ female mentor?  
\_\_\_\_\_no preference

Please describe any custody agreements or visitation issues: \_\_\_\_\_

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What times can your child meet with their mentor? During lunch \_\_\_\_\_ After school \_\_\_\_\_  
After 5:00 \_\_\_\_\_ Weekends \_\_\_\_\_

Is there any additional information that you think will help to understand your child's particular needs in making a likable match for your child? \_\_\_\_\_

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**Helping Services for Northeast Iowa, Inc.  
Medical Information and Release**

Student name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ School: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic: \_\_\_\_\_ Hospital: \_\_\_\_\_ Date of last tetanus shot/booster: \_\_\_\_\_

Any known allergies? Please list \_\_\_\_\_

What type of reaction do you experience with each? Please list: \_\_\_\_\_

\_\_\_\_\_

Any special dietary needs? \_\_\_\_\_

Any limitations on physical activity? \_\_\_\_\_

Any serious medical or emotional problems in the past year? \_\_\_\_\_ If yes, please describe and list all medical or psychological services performed, and medication prescribed. \_\_\_\_\_

\_\_\_\_\_

Current medication regime: Include over-the-counter medication, i.e., Tylenol, cough medicines, decongestants, etc.

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

**Medical Release**

*As the Parent/Guardian of \_\_\_\_\_ I designate all matters of emergency decisions to Helping Services for Northeast Iowa, Inc. staff or mentor, and hereby release Helping Services for Northeast Iowa staff and volunteers from any liability in the event of accidental injury and/or illness. I understand that participants will be closely supervised. If a serious injury or illness develops, medical and/or hospital care will be sought and parent(s)/guardians(s) will be notified. If it is impossible to notify parent(s)/guardians(s), I give permission for emergency treatment to be given at the recommendation of the attending physician.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COPY IS ACCEPTABLE**

## PARENT/GUARDIAN EXPECTATIONS

As a parent/guardian, I (we) understand that:

1. My child's mentor will maintain regular contact with my child, spending approximately 465 hours/month. This includes face-to-face contact, phone calls, e-mail, postal mail, and group activities. Time together should be pre-scheduled to avoid conflict for everyone involved. It is o.k. to invite the mentor to attend special functions such as: school performances, sporting events, etc. If our family doesn't have a phone, the mentor is allowed to stop by to arrange an outing time.
2. The mentor/mentee match is a one-year time commitment. After the year anniversary, my child and I will be asked if we wish to continue the match.
3. It is o.k. to ask my child about the activities he/she does with their mentor.
4. I cannot take away my child's time with their mentor as punishment or as a consequence for inappropriate behavior.
5. The mentor is not to indulge my child with gifts of money, extravagant outings, or presents. The focus of the program is *quality time* spent together, rather than giving monetary items or doing costly activities. Mentor and mentee birthday and holiday gifts are acceptable, but should not be expensive. Covering the cost of any activities is the mentor's responsibility; however, mentors can be reimbursed for costs they incur. All events sponsored by Mentoring Programs at Helping Services are offered at no cost to mentors, mentees, and family members.
6. Overnight visits are **NOT** allowed between mentees and mentors. There are no exceptions.
7. I will inform my child's mentor of any rules or restrictions involving my child, for example, no PG-13 rated movies, no ice cream or candy treats, or that my child has been grounded or restricted from any activities as a means of discipline. If the mentor violates any of these rules or restrictions, inform the program staff.
8. Inform my child's mentor of any health/medical problems, medications, allergies, etc. which my child has, and what if any activities should be avoided due to any physical conditions.
9. Transportation is normally provided by the mentor for one-on-one outings. Mentors under 18 are prohibited from transporting their mentee.
10. The purpose of the mentoring program is to provide my child the opportunity to develop a supportive relationship with an adult who is a friend. To keep the focus of the relationship between my child and their mentor, I will not date the mentor, or encourage him/her to take a parental role in the family, or to ask the mentor to provide child care.
11. Mentors will:
  - a) respect the rights and wishes of my child and not coerce or shame him/her into participating in activities that they favor.
  - b) set reasonable limits for my child and not violate rules set by me/us as parent(s)/guardian(s) or the program.
  - c) maintain appropriate adult behavior at all times, and expect age-appropriate behavior from my child.
  - d) always treat me/us as parent(s)/guardian(s) with respect, and not criticize or make negative comments about me and my family. It is never acceptable for the mentor to criticize my behavior/lifestyle. If this occurs, contact

program staff.

e) exhibit behavior that is respectful and assumes equality towards members of the same and opposite sex, all ethnic/racial and religious groups, and not make any comments that can be construed as racist, sexist or bigoted.

f) participate in a required initial mentor training.

g) carry a medical consent form signed by me/us as parent(s)/guardian(s), authorizing the mentor to seek medical treatment for my child if needed, should an emergency occur when they are together.

h) comply with State of Iowa motor vehicle-related regulations and laws when transporting my child.

i) honor and respect my child and me/us as parent(s)/guardian(s) by following protocol as described in the initial mentor training, when sensitive topics are brought up by my child.

12. If I become uncomfortable with my child's mentee/mentor relationship, I will contact program staff. If I do not like or approve of the activities the mentor proposes, or if a conflict develops, I will talk to the mentor. If there is no resolution, I will contact the program staff.

13. If any of the following areas are a concern, I will contact program staff.

a) mentors will not show sexually explicit material to my child.

b) mentors will not use tobacco, drink alcohol, or take illegal drugs while with my child.

c) mentors and mentoring program staff will not abuse any youth or adult program participant.

14. I give my permission for Helping Services for Northeast Iowa, Inc, to use my child's picture or voice for promotional purposes.

15. I understand my child and a parent/guardian will complete an evaluation at the beginning of the relationship and yearly about my child's progress in the program.

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Mentoring Programs at Helping Services and Helping Services for Northeast Iowa, Inc. recognize that each individual participating in the mentoring program has the right to the dignity and certainty of strict confidentiality by all. As a parent/guardian, I agree to protect the information I may gain concerning any person who may receive assistance from the mentoring program, or any other services provided. I realize that any breach of this confidentiality would result in immediate termination of my child's activities in the mentoring program, and could result in legal action being taken against me. I agree to keep all such information strictly confidential.

Mentors/mentees will not be discriminated against on basis of their race, color, creed, age, sex, religion, national affiliation, sexual orientation, those tested HIV positive, or values. Mentors or mentees shall not impose their religious beliefs or values on others.

I/we understand that neither the Mentoring Programs at Helping Services nor Helping Services for Northeast Iowa, Inc. shall be liable to us or our child in any way for any intentional or criminal action on the part of any mentor in mentoring programs. I/we further specifically release and hold harmless Mentoring Programs at Helping Services and Helping Services for Northeast Iowa, Inc. and each of their officers, directors, employees, agents and successors in interest from any such liability to us or our child which may arise by way of such intentional or criminal action on the part of any mentor in mentoring programs at Helping Services.

I/we understand and agree to follow these policies. I/we understand that violation of all policies may result in termination of the mentor/mentee relationship. My son/daughter has my permission to participate in Mentoring Programs at Helping Services and the Mentor For A Day program.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date