



YOUR INVITATION TO PARTICIPATE

Project 18 is the mentoring arm of Redding Transformation, a local, faith-based, non-profit organization, that connects solid, willing mentors to those who need a significant, life-giving relationship. Most of our mentors come from a faith background. They are healthy people with strong values and morals who:

- Love kids
- Want to impart life skills necessary for successful adult living
- Are dependable, uplifting and non-judgmental
- Will encourage and listen
- Will provide trustworthy guidance while allowing teens to make their own choices.

We ask our mentors to spend 1 to 2 hours a week with their “mentee,” hanging out, going places and having fun while allowing a vibrant relationship to build. They aren't professional counselors, but they have received training, gone through a background check, and simply want to be adult friends who are genuinely concerned for the well-being of youth. They want to offer a fresh perspective on life and a hand up. Although the focus of the relationship is between the mentor and mentee, mentors will keep in touch with the parent/guardian and keep those communication lines open. Read the following page for more details on how the mentoring relationship works.

Here's how it works

- To get the process started, please fill out the attached Mentee Application. Section A is completed by the teen, Section B needs to be completed by the parent/guardian, who also needs to sign the form. Then return the completed form to the person who gave it to you, fax it to 474-4618, or mail it to Redding Transformation, PO Box 990764, Redding CA 96099.
- Mentors and mentees will be matched via input from all parties involved.
- Once the match is established, mentors will contact the mentee and guardians to establish weekly outings. Occasionally, group activities will be planned. Mentors and mentees will be able to give feedback to the staff who oversee the program.

Sound like something you or someone you know would like to be a part of?
Join the adventure of life-giving mentoring.

Welcome to the journey!



INFORMATION FOR PARENTS/GUARDIANS

Some helpful guidelines:

1. It will help you to get to know the mentor well enough to feel comfortable with him/her, and we encourage you to discuss plans each time. Try not to talk directly with the mentor about the youth in his/her presence (unless it's uplifting and encouraging) but call the mentor when your child is not around.
2. We want to encourage communication between you and the mentor, so feel free to call us to let us know any concerns or questions you may have. If you have concerns about the mentor, please call us at 222-9371.
3. The mentor is a companion for the mentee, so please do not ask the mentor to provide transportation, baby-sit, or provide other services for your family or ask that you or siblings be included on outings.
4. Mentors should not be expected to buy things for the mentee, but should be appreciated when it does happen.
5. Be forgiving toward minor differences of opinion or perceived mistakes in judgment. The mentor is not perfect and has limited training.
6. The mentoring relationship needs at least three months to develop. Give it time.
7. Please do not deprive your child of mentor visits as a means of discipline.
8. Please make a point of being home when the mentor plans to pick up and return your child. Call the mentor if plans change. Scheduling times for weekly visits will require flexibility!
9. If you are financially able, please contribute to the costs of activities.
10. Notify the mentor if your phone number or address changes.



APPLICATION for MENTORING

Referring organization _____

Contact person _____ phone _____

SECTION A: To be completed by the teen

Name: _____ Date ___/___/___

Address: _____ Cell #: _____

City: _____ Zip: _____ Home Phone: _____

Birth date: ___/___/___ Age: _____ Male or Female Race _____

Parent/Guardian Name: _____

Name of your school: _____ Grade level: _____

Please answer these questions to help us get to know you (2 pages).

1. Do you like school? _____ Why or why not? _____

2. My favorite subject is: _____
My least favorite subject is: _____

3. I have _____ brothers and _____ sisters. I am (circle one): oldest, youngest, middle, only.

4. What I like to do with my family: _____

5. What I like to do with friends: _____

6. What I like about my friends: _____

7. What I like to do in my free time including hobbies and sports: _____

8. What I would like to be in the future: _____

9. I would like to learn more about: _____

10. If I could change something about myself it would be: _____

11. This year I am going to try my best to: _____

12. Three things I do well _____

13. Three words that best describe me: _____

14. Why I would like a mentor:

15. Things that I think would make a good mentor:

16. On a scale of 1-5, circle the number that indicates how committed are you to meeting with your mentor, 1 being not at all, 5 being nothing could get in the way. 1 2 3 4 5

17. Is there anything else you like to do or would like us to know about you?

SECTION B: To be completed by the PARENT/GUARDIAN

Trained and screened volunteers will act as mentors to youth who desire change in their lives. In order to begin this program, we must have your permission. Please complete both pages and sign the back page. Return it to the person who gave this to you, or you can mail it to:

Redding Transformation • PO Box 990764 • Redding CA 96099.

Names of children to be included in mentoring: _____

Your name(s): _____

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

Address: _____

in household _____ Total income: per year \$ _____ **OR** per month \$ _____

In case of emergency, contact:

Name _____ relationship _____ phone _____

Please fill in the following for your teen (fill out a separate page if needed):

Check **ALL** that apply:

- White
- Black/African American
- Asian
- Hispanic
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

History of serious illness: _____

Medications currently being taking (prescription and over the counter) _____

Has the teen ever been arrested? _____ If yes, please explain: _____

Has the teen ever been on probation? _____ If yes, what county? _____

Any history of substance use _____

Is there anything else you think we should know about your teen?

Please read and sign the Agreement and Release form on the following page.



AGREEMENT AND RELEASE FROM LIABILITY

I agree to give permission for the following child/children to work with a Mentor:

_____ and give permission for his/her photograph to be used in promotional materials.

1. Voluntary Participation: I, _____, acknowledge that I have voluntarily applied for participation in Mentoring, hereinafter referred to as "The Activity."

2. Assumption of Risk: I AM AWARE THAT PARTICIPATION IN THE ACTIVITY MAY BE HAZARDOUS. I AM VOLUNTARILY PARTICIPATING IN THE ACTIVITY WITH KNOWLEDGE OF THE DANGERS INVOLVED, HEREBY AGREE TO ACCEPT ANY AND ALL RISKS AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____

3. Release: As consideration for being permitted by Redding Transformation to participate in The Activity, to participate in related activities, and to use related facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of Redding Transformation, its trustees, officers, employees and agents (hereinafter collectively referred to as "Redding Transformation") on account of injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent or contractor of Redding Transformation as a result of my participation in The Activity. I hereby release Redding Transformation from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in The Activity.

4. Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD Redding Transformation HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my involvement in The Activity, and to reimburse Redding Transformation for any such expenses incurred.

5. Severability: I further expressly agree that this agreement and release from liability is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

6. Knowing and Voluntary Execution: I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE FROM LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND REDDING TRANSFORMATION AND SIGN IT OF MY OWN FREE WILL.

Signature of Parent/Guardian of Participant (if Minor)

Date

Printed Name of Parent/Guardian of Participant (if Minor)

phone _____

Signature of Participant

Printed Name of Participant

Age of Minor