



Mentee Application Packet

HOPE City Redding offers a variety of programs and services for families, youth, and community members for restorative problem-solving and reconciliation services.

Mentorship is one of HOPE City's programs in which a student is paired with a mentor from our community. The Mentee and Mentor will meet once a week for the year, and in the process build a consistent and healthy mentoring relationship. Due to the current COVID-19 situation, mentoring may take place in person or online.

Besides being a lot of fun, mentorship provides many benefits for students. The following are just some of the positive impacts of a mentoring relationship for a young person:

- Enhanced self-esteem and self-confidence
- Better relationships with peers and at home
- Higher graduation rates
- Support in making life decisions
- Decreased likelihood of substance abuse

If you would like to apply to the mentorship program simply fill out the attached forms with a guardian and turn them in to HOPE City.



HOPE City Mentee Application

Student Information

Student Full Name: _____

Date of Birth: _____

Name of School: _____

Current Grade: _____

Hobbies &

Interests: _____

Why do you want a mentor? _____

If the student would benefit from academic support as well, which subject does he/she need most help with?

Would you prefer that the student and mentor meet in person, online, or both?

Parent/Guardian Contact Information

Full Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Signature of Parent/Guardian

Date

Signature of Student

Date



Parent Information and Medical Release

Students Name: _____

Emergency Contact

Parent/Guardian Name: _____

Address: _____

City _____ State _____ Zip _____

Phone (home) _____ (Work) _____

Alternate Contact Person:

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone (home) _____ (Work) _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while you child is at the activity.

Do you have health insurance? _____ Yes _____ No

Name of Insurance Company _____

Policy # _____ Group # _____

In whose name is the insurance? _____

Family Doctor _____ City _____ Phone _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity please send us the necessary information to give him/her proper medical care.

Health History:

Any pre-existing or present medical conditions: _____

Name and dosage of any medications that must be taken _____

Any allergies? _____ to medications? _____

____ hay fever ____ heart condition

____ diabetes

____ asthma ____ insect stings

____ frequent stomach upsets

____ epilepsy/nervous disorders

____ physical handicap



any major illness during the past year? _____

If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions) _____

Date of last Tetanus shot _____ Contact Lenses? _____

Any swimming restrictions? ___ Yes _____ No What? _____

Parent Medical and Liability Release Statement:

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure treatment, and/or order injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by HOPE City and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold HOPE City, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature _____

Date _____



Parental Consent for School Contact

Full Name of Child: _____ DOB: _____

Child's Current Grade: _____

Parent/Guardian Name(s): _____

Address: _____

Phone: _____ Email: _____

Name of School Child Attends: _____

Child's Primary Teacher: _____

Child's Guidance Counselor: _____

I hereby give permission to the assigned mentor employees through HOPE City Redding, to contact my child's school, teachers, and guidance counselors.

Signature of Parent/Guardian

Date



To: Participants of HOPE City Restorative Justice Programs:

HOPE City's mission is to bring community healing and wholeness through restorative justice practices. With this in mind, we work towards nurturing healthy relationships, and creating safe spaces to share, learn and grow.

Because HOPE City is staffed with individuals who believe in the ability of people to be healed and restored from past hurts and failures, we may, from time to time utilize the strength and healing of volunteer presenters or guest speakers in our training programs, who have had their own struggles with injustice. Whether these individuals were in the role of wrongdoer, victim, or community member, we believe these men and women, including the formerly incarcerated, are living healthy and productive lifestyles in our community, and welcome the opportunity to share their experience, strength, and hope for others to learn from.

We acknowledge, cherish, and will continue to protect the trust you place in us, as we live and grow together in our community and promote the justice that restores.

Please feel free to ask us anything at any time; and we partner with you for insisting on providing our community and families the very best in Restorative Justice programs.

Sincerely,
Jackie Durant and
The HOPE City Team

I have received a copy of this disclosure.

Signature

Date

Print Name