



YWCA GIRLS Power Mentee Application

Please complete both sides of this form and submit it to:
YWCA Ames-ISU · 210 Lab of Mechanics · Ames, IA 50011
515-294-1663 ywca@iastate.edu
Return by: September 23, 2009

Name _____

Address _____

Phone Number _____ Email _____

School _____ Grade 6th 7th

Parent/Guardian Name(s) _____

Parent/Guardian primary email _____

THE FOLLOWING QUESTIONS WILL HELP US MATCH YOU WITH A MENTOR.

What extra curricular/sporting activities are you planning on participating in this year?

What hobbies interest you?

Describe yourself.

Would you rather... do a craft or sing karaoke?

Would you rather... play games or watch movies?

Would you rather... listen to a presentation or give a presentation?

PERSONAL PROGRAM INTEREST

What do you most hope to get out of participating in GIRLS Power?

HEALTH CONCERNS

Please include any necessary information regarding food allergies, health conditions, etc. that would be useful for us to know.

FAMILY ISSUES/CONCERNS

Please include any information that would be helpful for matching and/or topics of discussion regarding your family situation.

I, _____, want to be a YWCA Ames-ISU GIRLS Power Mentee during the 2009-2010 academic year, and I **agree** to the following terms of participation:

- _____ I will organize my time to include GIRLS Power Activities.
- _____ I will participate in all **14** meetings and activities throughout the year. This includes working with my mentor ahead of time on special duties/activities for an upcoming meeting.
- _____ I will return calls from my mentor if I am not at home when she calls.
- _____ If I cannot attend a meeting or must cancel a one-on-one meeting with my mentor, I will communicate **immediately** with my mentor and the program coordinator.
- _____ I will communicate with my family regarding GIRLS Power activities and planned time to spend with my mentor.
- _____ I authorize the YWCA Ames-ISU to use my photo as it relates to GIRLS Power on the YWCA Ames-ISU website, in brochures or for any other publicity purpose including for the United Way of Story County.

Mentee Signature

Date

GIRLS POWER PARENT AGREEMENT OF PARTICIPATION

I, _____, will support my daughter in being a YWCA Ames-ISU GIRLS Power Mentee during the 2009-2010 academic year, and I **agree** to the following terms of participation:

- _____ I will communicate **ahead of time** with my daughter, her mentor and any necessary adults about GIRLS Power meeting times/places and scheduled one-on-one time with my daughter and her mentor.
- _____ I will do what I can to insure she can participate in all **14** meetings throughout the year.
- _____ If my daughter cannot attend a meeting or must cancel a one-on-one meeting with her mentor, I will help my daughter communicate **immediately** with her mentor and the program coordinator.
- _____ I will help insure messages left for my daughter from her mentor or the program coordinator are given to her as soon as possible.
- _____ I authorize the YWCA Ames-ISU to use my daughter's photo as it relates to GIRLS Power on the YWCA Ames-ISU website, in brochures or for any other publicity purpose including for the United Way of Story County.

Parent/Guardian Signature

Date