

**“Transforming a life one girl at a time”**

**About Butterfly Effect**

Butterfly Effect Girls Mentoring program LLC, founded in 2018. It was formed for the purpose of bringing together youth from all walks of life to create a strong sisterhood that empowers, motivates, and uplifts while making a powerful impact on today’s world through community involvement, mentorship, and social activities.

**Butterfly Effect Girls Mentorship Mission Statement**

The mission of Butterfly Effect Mentorship Program is to cultivate teenage girls into being strong, healthy, goal-oriented young women by enhancing social skills and emotional well –being through character development, integrity*, accountability and social awareness. Improving* cognitive skills through dialogue and listening. Serving as a role model and advocate.

**About the Program**

The Butterfly Effect Mentorship Program is for girl ages 12-18 .This program is designed to help teenage girls develop into self-driven, healthy, goal-oriented young women of the future. Our mentorship program is a year round service. The sessions are held every other Saturday from the hours of 10 a.m. to 2 p.m. The members of Butterfly Effect will mentor the young ladies through one-on-one and group style mentoring to help them develop into the precious jewels they are.

We will accomplish this through curriculum designed sessions such as:

* Financial Planning
* Setting Goals
* Self Esteem & Self Respect
* Social Etiquette and Communication
* Relationships
* Dressing for Success
* And much more

Although we’re discussing some serious topics, we like to have fun with it so that our teenagers can relate, be open, and have a more enjoyable experience. We will create a fun-filled, nurturing, sisterhood environment.

**Benefits of a “Butterfly” Mentee**

* Develop lifelong skills for a better future
* Share life’s experiences
* Girl Talk
* Sisterhood
* Field Trips
* Scholarships and Grants
* Give back to the Community
* Motivation

**Fees, Sponsorships, and Donations**

A non-refundable twenty-five dollar ($25.00) registration fee is required for participation in this program. The registration fee will cover a small fraction of the programs expenses. All donations and monetary sponsorships given in support of the Butterfly Effect Mentorship Program are used to facilitate program operations.

This includes items such as, but not limited to:

* Activity fees (i.e. field trips, tickets to events, transportation, etc)
* Room and Board (when traveling outside County or state . college tours)
* Food for bi-weekly sessions
* Rewards for good behavior
* Supplies

**Mentor Standards and Guidelines**

These standards and guidelines are meant to help mentors avoid situations that might reflect unfavorably on themselves or the Butterfly Effect organization. They do not cover every situation and do not replace a need to exercise prudent care and good judgment.

**Eligibility Screening**: Mentors authorize the completion of required background checks to cover criminal history, driving records, personal interviews and other forms of screening as deemed appropriate.

**Commitment:** Mentors are steadfast in their commitment to the standards and guidelines.

**Maintain Confidentiality:** Mentors act in the best interest of the Butter Effect organization and ensure confidentiality, taking care to protect against inadvertent disclosure.

**Inclusive Attitude:** Mentors value the diverse intellectual, economic, spiritual, and personal traits of their mentees.

**Community Service:** Mentors must maintain a steady presence in the lives of youth and in community efforts that strive to encourage others toward participation in charitable efforts.

**Accountability:** Mentors make regular contact with mentees and submit written notes /reports with the staff of Diamonds of Distinction on the mentees needs, goals and progress.

**Mentors Roles and Responsibilities**

* Mentors will inspire the mentee to meet and possibly exceed her future goals by supporting and encouraging the mentee’s academic learning, spiritual growth, and constructive development on an ongoing basis.
* Mentors will provide access to sources of spiritual and career information to support the spiritual growth and career path of the mentee.
* Mentors will adhere to the highest levels of integrity, values, and ethical conduct and will talk to mentees about these issues when appropriate. Mentors will also support the mentee when she is experiencing stress or uncertainty about issues concerning everyday life and the future.
* Consult with parents on critical issues pertaining to the mentee’s health and wellbeing.

**Mentee Roles and Responsibilities**

* Mentees shall respect the mentor’s time and other commitments.
* Mentees should have realistic expectations about their mentors but also seek to be challenged through the mentoring experience.
* Mentees must learn and practice self-empowering behaviors and should understand that they are responsible for their own spiritual and personal growth and development.
* Mentees must follow through on their commitments with their mentors.
* Mentees should seek guidance and assistance when necessary.
* Mentees must recognize that mutual respect, trust, and honesty are necessary to achieve a healthy and authentic relationship.
* Mentees must agree and understand that the following reasons are grounds for dismissal from the Butterfly Effect Program: 1) disrespecting authority, 2) more than three(3) consecutive absences, 3) use of vulgarities, 4) fighting and/or instigating any fight, 5) stealing

**Parents Roles and Responsibilities**

* Parents shall respect the mentor’s time and other commitments.
* Parents shall drop off their child on time for scheduled mentoring sessions.
* Parents shall notify at least one of the mentors if they are not able to drop their child off on time.
* Parents shall notify at least one of the mentors two (2) days prior to the session if their child will not be able to attend the scheduled mentoring session.
* Parents shall be aware that three (3) consecutive absences will result in dismissal of child within the Mentorship program for the current session and any of its scholarships and grants.

**Video, Image, and Audio Release Form**

From time to time during the program session it may be necessary for Butterfly Effect Marketing committee to use photographs, audio recordings, and/or video footage of our mentees. These media outlets will consist of community service events and/or activities associated with Butterfly Effect Mentorship Program.

Butterfly Effect would like your permission to use photographs, audio recordings, and/or video footage of your child for such purposes. We ask permission to include your child’s name as appropriate in news releases, video produced by Butterfly Effect, brochures, and on Butterfly Effect website postings. Neither Butterfly Effect organization nor any of its authorized webmasters, photographers, videographers, committee members, or officers receive monetary rewards resulting from use of such materials. All material shall be used for the sole purpose of marketing Butterfly Effect Girls Mentoring programs.

Your signature below indicates your permission for photographs, audio recordings, and/or video footage to be used in the manner described above.

I hereby affirm that I am at least 18 years of age and/or the parent/guardian of the child named below. I hereby give my consent for her photographs, audio recordings, and/or video footage to be utilized for advertising, illustration, or publication on the Butterfly Effect website, brochures, or newsletters and/or that her name is included in the published materials as appropriate.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Liability Release and Waiver Form

Topics such as religion, sex, drug, alcohol, and female health will be discussed within the program. These topics can be extremely sensitive areas and depending upon family values of our parents we would like permission to discuss and educate about preventive measures when these topics arise. It is our goal to educate and empower our daughters on these topics.

Parental involvement is always encouraged and welcomed. Our belief is that we must work together to achieve our overall goals therefore an email will be sent to parents when these subjects will be discussed.

 Your signature below indicates that you are at least 18 years of age and/or the parent/guardian of the child named below. Your signature also indicates your permission for your child to participate in the above mentioned topics. .

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent and Child Commitment Letter**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to enroll and support my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as a mentee of the Butterfly Effect Mentorship Program. I understand that I am my child’s primary role model and advocate, and that Butterfly Effect Mentors will assist me with my child’s growth and development. As a parent and child of Butterfly Effect Mentorship Program, I agree to the following:

* Abide by the standards and guidelines of the organization.
* Respect each mentor’s time and other commitments.
* As a parent, make arraignments and/or drop off for my child to attend the scheduled mentoring sessions.
* As a parent, notify at least one of the mentors if I am unable to make arraignments or drop off my child for the mentoring session.
* As a parent, notify at least one of the mentors two days prior to the session if my child is unable to attend mentoring session.
* As a child, seek guidance and assistance from my mentors.
* As a child, seek recognize that mutual respect, trust, and honesty are necessary to achieve a healthy and authentic relationship with my mentors.
* As a mentee, I agree and understand that the following reasons are grounds are dismissal of the mentorship Program 1) disrespecting authority, 2) more than three(3) consecutive absences, 3) use of vulgarities, 4) fighting and/or instigating any fight, 5) stealing

 I agree with and will be able to fulfill the commitments outlined in this letter and those described in the “Roles and Responsibilities” document.

Child Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Informational Sheet**

**Mentee**

Mentee’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Mailing Address (No PO Box): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name (ISD):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year in School:\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extra-Curricular Activities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Special Interest (What do you like to do?):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

What do you want to be when you grow up?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

## Parent

Name of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number of Parent or Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Mentee Application

(To Be Completed by the Parent/Guardian)

**Personal Information**

Mentee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Mentee: Mother \_\_\_ Father \_\_\_\_ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_ \_\_\_

Ethnicity: White: \_\_\_ Hispanic: \_\_\_ African American: \_\_\_ Asian: \_\_\_ Other: \_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_

Please list all members of your household:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Sex | Age | Relationship to Applicant |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

**Application Questions**

Please answer all of the following questions as completely as possible. If more space is

needed, use an extra sheet of paper or write on the back of this page.

1. Why do you/your child want to participate in a mentoring program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Briefly describe your expectations for the Butterfly Effect Mentoring Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

3. Is your child available to meet every other Saturday from September to April? \_\_\_\_\_\_\_\_\_\_\_\_

Please explain any particular scheduling issues. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Describe your child’s school performance including grades, homework, attendance, behaviors, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Does your child have friends? Please describe his/her friendships.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Is your child currently having any problems either at home or school?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Has your child experienced any traumatic events (i.e., death in the family, abuse,

divorce)? If yes, please provide details.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Can you provide any additional background information that may be helpful to Butterfly Effect in matching your daughter with an appropriate mentor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Medical History**

Name of Primary Care Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.:\_\_\_\_\_\_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_

Does your daughter have any physical problems or limitations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your daughter currently receiving treatment for any medical issues? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is she currently on any type of medication? Is so, please specify.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your daughter have any known allergies or adverse reactions to medications? If yes,

please describe them below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your daughter have any emotional issues or problems right now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your daughter currently seeing a counselor or therapist? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read this carefully before signing:**

Butterfly Effect Mentorship Program LLC., appreciates you and your child’s interest in her

becoming a mentee. This application is intended as a means of informing and gaining the

consent of the parent/guardian to allow their daughter to participate in the Butterfly Effect Mentorship Program. After receiving this completed application from you, we will evaluate the information and send you a letter letting you know if your child has been accepted into the 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 mentoring 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 Butterfly Effect Mentorship Program LLC., 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 the

mentoring relationship.

\_\_\_\_\_\_\_ I hereby acknowledge that my child will be transported by her mentor and/or

Butterfly Effect staff or representatives while participating in the Butterfly Effect Mentorship

Program, and that such transportation is voluntary and at her own risk.

\_\_\_\_\_\_\_ I release the Butterfly Effect Mentorship Program LLC., of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from her

participation in the program, including but not limited to transportation, and hold harmless

any Butterfly mentor, program staff, or other representatives, both collectively and

individually, of any injury, physical or emotional, other than where gross negligence has been

determined.

I understand I must return all of the following *completed* items along with this application and any incomplete information will result in the delay of my application being processed;

• Video, Image, and Audio Release Form

• Liability Release and Waiver Form

• Parent and Child Commitment Letter

• Informational Sheet

• Interest Survey Form

By signing below, I attest to the truthfulness of all information listed on this application and

agree to all the above terms and conditions.

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

Parent/Guardian Signature Date

### Mentee Interest Survey

(To Be Completed by Youth)

Mentee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

Please complete all the following. This survey will help Butterfly Effect Mentorship Program LLC., learn more about you and your interests and help us find a good match for you.

What are some favorite things you like to do with other people?

What are your favorite subjects in school?

If you could learn about a job/career, what would it be?

What are your favorite subjects to read about?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday.

Please check all activities you are interested in:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   | Biking |   | Camping |   | Science |   | Cooking |   | Library |
|   | Hiking |   | Boating |   | Music |   | Sports |   | Yoga |
|   | Golf |   | Swimming |   | Gardening |   | Parks |   | Movies |
|   | Fishing |   | Animals |   | Eating |   | Board Games |   | Shopping |

List any other areas of special interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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