



**2025-26 Mentee Application
(To Be Completed by the Parent/Guardian)**

Youth's First name(Required) _____

Youth's Last name(Required) _____

Parent/Guardian Name(Required) _____

Relationship to Youth – Father, Mother, Other (Required) _____

Parent/Guardian Email(Required) _____

Parent/Guardian Phone(Required) _____

Youth's Email _____

Youth's Phone _____

Country/Region(Required) _____

Address(Required) _____

City(Required) _____

Zip / Postal code(Required) _____

Youth's Birthday(Required) _____

Current school(Required) _____

GPA (unweighted)(Required) _____

Number of unexcused absences (School year 2024 to present(Required) _____

Applicant's shoe size(Required) _____

Applicant's shirt size(Required) _____

Emergency contact name:(Required) _____

Phone number:(Required) _____

Name of individual who referred you _____

Is referrer a member of Omega Psi Phi or See It Through Foundation? Yes/No _____

The following information must be submitted with this application online:

1. Upload a headshot/photo (collared shirt preferred)(Required)
2. Upload any letters of recommendation (Required)

Questionnaire

Tell us about your prior mentoring experience(s):

Have you been a mentee or part of a mentoring program in the past?

- Yes, I have been a mentee
- Yes, I have been a mentor
- This is my first experience

1. Why do you/your son want to gain by participating in a mentoring program?(Required)

2. Briefly describe your expectations for the Bridge Builders Academy mentoring program:

3. Is your child willing to attend an initial mentee training session after being matched with a mentor?(Required) _____

4. Is your child available to meet/participate in our program two to eight hours per month across the duration of program? Please explain any particular scheduling issues. _____

5. Describe your child's school performance including grades, homework, attendance, behaviors, etc.: _____

6. Describe any habits your son may have that impacts their school performance, i.e. homework, studying, peer pressure, distractions, etc.:

7. Is your child currently having any challenges either at home or school? If yes, please explain. (Required)

8. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.

9. Tell us about your favorite hobbies or activities you like to do with other people?

10. What are your favorite subjects in school?

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

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

13. Can you provide any additional background information that may be helpful to Bridge Builders Academy in matching your son with an appropriate mentor?

Medical History

Name of Primary Care Physician: _____

Phone: _____

Medical Insurance Provider: _____

Policy Number: _____

Phone: _____

Does your son have any physical problems or limitations? If yes, describe briefly.

Is he currently receiving treatment for any medical issues? If yes, describe briefly.

Is he currently on any type of medication? If so, please specify.

Does your son have any known allergies or adverse reactions to medications? If yes, please describe them below:

Does your son have any emotional issues or problems right now?

Is your son currently seeing a counselor or therapist? If yes, please provide therapist's name:

Parental/Guardian Consent.

(Please read this carefully before signing)

Bridge Builders Academy appreciates you and your son's interest in his becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their son to participate in the Bridge Builders Mentoring Program.

After receiving this completed application from you, we will evaluate the information and notify you 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 son with an appropriate mentor. Therefore, the mentoring team 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. However, we do not reveal names until there is an initial interest from the mentee, parent/guardian, and mentor based first upon anonymous information provided about each other.

- I give my informed consent and permission for my child to participate in the Bridge Builders Academy and its related activities.(Required)
- 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.(Required)
- I hereby acknowledge that my child may be from time to time transported by his mentor and/or Bridge Builder Academy team member while participating in the mentoring program, and that such transportation is voluntary and at his own risk.(Required)
- I release Bridge Builders Academy, See It Through Foundation and BLL Chapter of OPPF, Inc. of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.(Required)
- (optional) I agree to allow Bridge Builders Academy to use any photographic image of my child taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

Parent/Guardian Name

Parent/Guardian Signature:

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.(Required)

Date (Required) _____

Contact and Information Release
(To Be Completed by the Parent/Guardian)

Youth's Name: _____

Date: _____

Current School: _____

I hereby grant permission for Bridge Builders Academy to make contact with my child and conduct a personal interview for the purposes of applying to be a mentee. Bridge Builders Academy may also make contact with my child on school premises for the purposes of screening and interviewing as well as ongoing support of his participation in the mentoring program.

I authorize Bridge Builders Academy to obtain any needed information regarding my child from teachers, counselors, and other administrative staff.

Further, I understand that basic information about my child will be anonymously (without names) shared with a prospective mentor(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my and my child's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Mentee Contract and Code of Conduct

By choosing to participate in the Bridge Builders Academy Mentoring Program, I agree to:

- Follow all rules and guidelines as outlined by the program coordinator, mentee training, program policies, state and federal laws, and this contract.
- Possession and use of any drug, marijuana, tobacco, or alcohol is strictly forbidden. Violations will result in immediate dismissal and expulsion from the program.
- Full participation and attendance at program events is expected. Three absences from mandatory meetings and events will result in expulsion from the program.
- No foul language or disruptive behavior will be tolerated.
- At all times, participants are expected to show respect and courtesy to advisors, chaperon's and all other Bridge Builders Academy participants.
- Any member who is dismissed from the program will forfeit all Bridge Builders Academy paraphernalia and fees paid to the program.
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I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program coordinator at this time or in the future.

Mentee's Name: _____

Mentee Signature: _____

Date: _____

Parent/Guardian Contract

By allowing my son to participate in the New Insights Mentoring Program, I agree to:

- Allow my child to participate in the Bridge Builders Academy Mentoring Program and to be matched with a mentor
- Follow and encourage my child to follow all rules and guidelines as outlined by the program coordinator, mentee training, program policies, and this contract
- Support my child in this match by allowing him to meet with his mentor at from two to eight hours per month and have weekly contact with him for one year
- Support my child being on time for scheduled meetings or have him call the mentor at least 24 hours beforehand if unable to make a meeting
- Regularly and openly communicate with the program coordinator as requested
- Inform the program coordinator if I observe any difficulties or have areas of concern that may arise in the match relationship
- Participate in a graduation/closure process when that time comes
- Notify the program coordinator if I have any changes in address or phone number
- Provide the program coordinator and the mentor with any updated health insurance information for my child

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program coordinator at this time or in the future.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____