



MADISON YOUTH AND FAMILY SERVICES
10 School Street
Madison, Connecticut 06443-2691

Phone: (203) 245-5645
Fax: (203) 245-5648

MENTORING MATTERS
PEER MENTOR REGISTRATION

Mentoring meets at Brown on Tuesdays from 2:45 – 4:15pm during the 2017-18 school year.

Date _____

PARENT/GUARDIAN, please complete the following:

Name(s) _____

Child's name _____

Address _____

Phone _____ (cell/home) Email _____

If we cannot reach you, whom should we contact in case of emergency?

Name: _____

Relationship to the child: _____

Telephone: _____

Does your child have any allergies, medical conditions, or other concerns we should be aware of? (Yes/No)

If yes, please explain: _____

Does your child have any medical conditions that would place limitations on his or her activities? (Yes/No)

If yes, please explain: _____

Is your child able to commit to this program for the entire school year? (Yes/No). If not, which seasons (Fall,

Winter, Spring) is he or she **unavailable**? _____

_____ I give my permission for _____ to participate in Mentoring Matters.

_____ I understand that he/she must have his/her own transportation to and from Brown.

_____ I give Madison Youth & Family Services permission to photograph my child, and understand that his/her name and/or photo may be used in print and online by Madison Youth & Family Services to recognize and promote this program.

Parent/Guardian Signature



IMAGE RELEASE FORM

Dear Parent/Guardian,

Madison Youth and Family Services(MYFS) typically takes pictures and/or videos of events or programs that we run for the purpose of promoting the event or program on our website and/or social media including MYFS Facebook page and Instagram.

Before utilizing the recorded image (photograph/video) of a child participating in one of our events or programs, Madison Youth and Family Services requires parent/guardian permission. As your child may have or will participate in an MYFS event or program, please fill in your Child's Name in the spaces below and check **Yes** or **No**.

Child's Name:

___**Yes**, I give Madison Youth and Family Services permission to photograph/video and use any images on their website and/or social media pages.

___**No**, I do not give Madison Youth and Family Services permission to photograph/video and use any images on their website and/or social media pages

Name of parent/guardian:

Parent Signature: _____ Date of signature: _____

Parent/guardian email address:



Mentoring Matters Participation Agreement and Consent for Communication

Name of Participant: _____

Name of Parent/Guardian: _____

I give permission for my child to participate in the Madison Youth and Family Services (MYFS) Mentoring Matters program. I further understand and acknowledge that the school personnel, including but not limited to the school administrators, teachers and/or school counselors may share pertinent information with MYFS program facilitators. Information may include the identification of needs for the student as it relates to the Mentoring Matters program, as well as the student's personality characteristics to aid in the process of making an appropriate match with a mentor. Information related to the student's experience with Mentoring may also be shared by the MYFS program facilitators to school personnel as necessary.

My signature below provides consent for participation and consent for the communication to occur between Brown School and the Mentoring Matters program. This consent will automatically expire at the completion of the program. This consent can be revoked at any time by a parent/guardian by contacting the program facilitator or by contacting Melissa Balletto, Assistant Director of Prevention, MYFS, at (203) 245-5645.

Parent/Guardian: _____ Date _____

Parent/Guardian: _____ Date _____

Staff: _____ Date _____

MENTOR/MENTEE SURVEY

We will use this info to match you with a mentor. To help you learn about one another, we may share some of your answers with him/her, and you will see his/her responses, too.

MENTEE, please complete the following:

Name (including name you prefer to be called) _____

Grade _____ Age _____ Guidance Counselor _____

Name your three favorite activities:

1. _____

2. _____

3. _____

Name your three *least* favorite activities:

1. _____

2. _____

3. _____

How would you describe yourself to someone who doesn't know you?

What kind of person would you like for your Mentor?

Do you have any pets? _____ What Kind? _____

If not, would you like to have a pet someday? What kind? _____

Do you play a musical instrument? _____ What kind? _____

Would you like to learn to play one someday? _____ What kind? _____

Do you like to read? _____ What are your favorite books, authors? _____

Do you like to watch TV? _____ Which are your favorite shows? _____

Do you like to watch movies? _____ Which are your favorites? _____

Do you have any favorite celebrities from TV, movies, sports or the news? _____

What are your favorite foods? _____

What foods don't you like? _____

What do you like the best about school? _____

What do you find most difficult about school? _____

What are two goals you have for this school year? _____

Besides your parents, are there other adults in your life whom you feel close to? _____

Who and why? _____

What do you and your friends like to do? _____

What are three words to describe your closest friends? _____

Do you belong to any clubs or religious groups or participate in any other activities (scouts, choir, Y etc.)?

What things are you afraid of or worried about? _____

If you had three wishes, what would you wish for?

1. _____

2. _____

3. _____

Is there anything else you'd like for us to know about you? _____

Do you have any questions for us about this program? _____

*Please return via email to volzk@madisonct.org or drop off at Madison Youth & Family Services,
10 School Street, Madison, CT.*

Thank you!