



## **RIVERS TO SUCCESS: MENTORING INDIGENOUS YOUTH PROGRAM**

### **MENTEE APPLICATION FORM**

(To Be Completed by the Parent/Guardian)

#### **Introduction**

Indspire appreciates you and the youth named below's interest in his/her becoming a mentee in the *Rivers to Success Mentoring Program* (the "**Program**"). After receiving this completed application form, Indspire will evaluate the information that you have provided and will inform you if the youth named below (the "**Youth**") has been accepted into the Program. Please note that completing and submitting this application form to Indspire DOES NOT guarantee a place for the (the "**Youth**") in the Program. Much of the information that you supply in this application will be used to match (the "**Youth**") with an appropriate mentor. Program staff may, at times, require to access and share this information with prospective mentors and other parties when it is in the best interest of the match. However, Indspire will not reveal any names of (the "**Youth**") until there is an confirmed interest from the mentee, and the mentor, based upon anonymous information provided about each other and signed consent form from the parent/guardian for (the "**Youth**") if they're under 18 of age.

#### **Personal Information**

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

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

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

Relationship to Youth (Mother/Father/Other): \_\_\_\_\_

#### **Application Questions**

Please answer all of the following questions. If more space is needed, please use an extra sheet of paper or write on the back of this page.

1. Briefly describe your expectations for the Program: \_\_\_\_\_

---

---

---

2. Can you provide any background information that may be helpful to Indspire in matching the (the “Youth”) with an appropriate mentor, for example: grades, homework, attendance, behaviors, challenges either at home or school, any past/recent traumatic events (i.e., death in the family, abuse, divorce)? \_\_\_\_\_

---

---

**Please read the following carefully before signing**

In consideration of allowing (the “Youth”) to participate in the Program, I, on behalf of myself and my successors, heirs, assigns and anyone else who may make a claim for or on my behalf, hereby irrevocably and unconditionally agree and represent as follows:

- I understand and give my informed consent and permission for (the “Youth”) to participate in the Program and its related activities;
- I will use reasonable efforts to have (the “Youth”) follow all Program guidelines, and understand that any violation on (the “Youth”)’s part may result in suspension and/or termination of the mentoring relationship;
- I hereby fully and forever release Indspire, its officers, directors, members, agents, representatives, successors and assigns (collectively, the “Released Parties”) from any and all causes of action, lawsuits, losses, damages, injuries (including, but not limited to, personal and bodily injuries, death and injury to property) howsoever caused (whether by negligence or otherwise), claims, demands, sums, expenses (including, but not limited to, legal fees), and all other liability of any kind whatsoever, that arise, directly or indirectly, out of or in connection with the Program;
- I certify that the information that I have provided to Indspire during the application process is complete and accurate, and that I am not impersonating any person, or otherwise misleading Indspire with respect to any information that I have provided. I will promptly update any of the information that I have provided so that the information I have provided remains complete and accurate at all times;
- I will support (the “Youth”) in the Program by allowing him/her to meet with his/her mentor at least 2-3 hours per month and have contact with him/her for the school year;
- I will support (the “Youth”) by encouraging him/her to be on time for scheduled meetings or have him/her call the mentor at least 24 hours beforehand if unable to make a meeting;

- I will openly communicate with the Program Coordinator, if requested, and I will inform the Program Coordinator if I observe any difficulties or have areas of concern that may arise in the match relationship;
- I will participate in the closing meeting with (the “Youth”)’s mentor and fill out Appendix D when that time comes;
- I understand that upon match closure, future contact between (the “Youth”) and his/her mentor is beyond the scope of the Program, and can happen only by the mutual consent of the mentor, the mentee, and myself;
- I have signed the Consent to the Collection, Use and Disclosure of Personal Information form. If (the “Youth”) is aged 13 or over, the participating youth has also provided his/her consent by signing the Consent form;
- I understand that Indspire may terminate the Program or (the “Youth”)’s involvement in the Program for any reason at any time including any breach of these obligations; and
- I acknowledge that if any portion of this document is held to be invalid or unenforceable, all other provisions shall nevertheless continue to be valid and enforceable. This document is governed by the laws of the Province of Ontario and operates to the benefit of the Released Parties, as well as their administrators, successors and assigns, and is binding on me and my heirs, administrators, successors, assigns, insurers and estate.

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

---

Parent/Guardian Signature

---

Date

Please submit application to: [rivers@indspire.ca](mailto:rivers@indspire.ca) or fax: 866.433.3159



**RIVERS TO SUCCESS: MENTORING INDIGENOUS YOUTH PROGRAM**

**Consent to Collection, Use and Disclosure of Personal Information**

**(To Be Completed by the Parent/Guardian)**

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

I hereby grant permission for Indspire's *Rivers to Success: Mentoring Indigenous Youth* Program to:

- contact my child and conduct a personal interview for the purposes of applying to be a mentee. The purpose of the interview is to discuss areas of study, hobbies, interests and obtain other similar information to facilitate the matching process;
- obtain any needed information regarding my child from his/her school's staff (e.g. teachers, counsellors and other administrators), including information regarding academic performance and any behavioral issues or concerns;
- share basic information about my child including gender, age, interests, aspirations and academic or behavioral concerns with a prospective mentor(s) on a non-identifiable basis to aid in determining a suitable match. Once a mentor/mentee match is determined, my and my child's identity will be shared with the mentor to the extent it aids in facilitating a successful match;
- use any photographic image of my child taken while participating in the Program, which may be used by Indspire in promotions or other related marketing materials, in whole or in part, in any manner or media.

I would like to be updated during the program on how the mentorship is going by receiving copies of the meeting notes recorded by my child's mentor during meetings with my child. The meeting notes may be emailed to me at the following email address:

\_\_\_\_\_

**To Be Completed by Parent/Guardian:**

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**RIVERS TO SUCCESS: MENTORING INDIGENOUS YOUTH PROGRAM**

**Consent to Collection, Use and Disclosure of Personal Information**

**To Be Completed by Participating Youth Aged 13 and Over:**

I consent to my parent/guardian providing the above noted information to the *Rivers to Success: Mentoring Indigenous Youth* Program and to the above-noted collection of information by the *Rivers to Success: Mentoring Indigenous Youth* from my school. I understand that if I am matched with a mentor, that person will receive the information described above to facilitate the match and my participation in the program. If my parent/guardian has indicated that they would like to receive copies of the meeting notes recorded by mentor, I consent to the release of that information to my parent/guardian.

Youth Name Printed: \_\_\_\_\_

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

Please submit completed form to [rivers@indspire.ca](mailto:rivers@indspire.ca) or fax: 866.433.3159