



Thank you for your interest in **African Girls** (www.myafricangirls.com), a non-profit organization that operates under the belief that inherent in every girl is the ability to succeed and strive in life. The mission of AG is to provide young African Girls with the opportunity to become change-makers in their communities and be recognized as global citizens. AG operates all over Africa and has five different programs: Mentoring Club, New Life Club, Dream Academy Club, Personal Health Club and Career Club. This application is for our Mentoring Program.

The **AG mentoring initiative** coordinates a one-on-one relationship for young girls, ages 8 -18, facing challenges and needing support to succeed. It also includes a free membership to the AG club. AG, provides youth with an adult mentor who can meet them for at least one hour per week at a church, a school or mentor/parent chosen location. The Mentor's job is to help the young person define individual goals and find ways to achieve these goals. Since the expectations of each child will vary, the job of the mentor is to encourage the positive development of the young person. By sharing fun activities and conversation, a mentor encourages positive choices and promotes high self-esteem.

All mentors undergo a **criminal background check** before they are allowed to work with youth.

In order for your daughter to be considered for this opportunity, we need you to complete the attached **Mentee Application** and return to your point of contact/referral listed below. Or you can fill the application online. If you need further assistance please contact Ailin Nduma and Belmond Kiteh for Cameroon based mentees, Chioma Chime for Nigeria based mentees, Frida Tende for US-based Mentees and Sonya Mofor for UK based mentees.

Thank You!

President/Founder

Frida Tende



Mentee Application

****To be completed by the Parent/Guardian****

This application must be completed by the parent or guardian of the perspective youth 18 and younger. The purpose of this application is to help African Girls (AG) know more about you and your interests. In turn, the information you provide will help AG match your interests with a mentor.

Personal Information

Date: ___/___/___ Youth's Name: _____ Age: ___ Male() Female()

Date of Birth: ___/___/___

Address: _____

Parent/Guardian Name: _____ Email: _____

Relationship to applicant: Mother () Father () Other, specify:

Home #: (____) _____ Work #: (____) _____ Alternate/Cell #:

(____) _____

Number of Siblings: ___ (Male(s) ___ Ages _____) (Female(s) ___ Ages _____)

Name of School: _____ Level: _____

Emergency Contact Information

*****In the event that a parent/guardian cannot be reached, please list person(s) to contact in case of an emergency*****

Name/ Relationship to applicant /Phone

Name/ Relationship to applicant' Phone:

Name/ Relationship to applicant/ Phone



Mentee Permission and Release Form ***

To be completed by the Parent/Guardian***

African Girls (AG) appreciates you and your child's interest in his/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 African Girl's Mentoring Program. After receiving this completed application form, we will evaluate the information and send you a letter letting you know if your child has been accepted into the mentoring project. 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. 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. Please initial each of the following:

___ I give my informed consent and permission for my child to participate in the AG Mentoring Program and its related activities.

___ I agree to have my child follow all mentoring project 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 his/her mentor and/or AG Mentoring staff or representatives while participating in the program, and that such transportation is voluntary and at his/her own risk.

___ I release AG Mentoring staff or its representatives of all liability of injury, death, or other damage to me, my child, family, estate, or heirs that may result from his/her participation in the project, including but not limited to transportation, and hold harmless any AG mentor, project staff, or its representatives, both collectively and individually, of any injury, physical or emotional.

___ I agree to allow AG to use any photographic image or name of my child taken while participating in the mentoring project. These images may be used in promotions or other related marketing materials. I understand I must return all of the following completed items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Contact and Information Release Form
- Mentee 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 Contact and Information Release

To be completed by the Parent/Guardian

Youth's Name: _____ Date of Birth: ___/___/___ Male() Female ()
School: _____ Level: _____

I hereby grant permission for AG Through Mentoring to make contact with my child and conduct a personal interview for the purpose of applying to be a mentee. The African Girls Mentoring Program may also make contact with my child on school premises for the purpose of screening and interviewing, as well as ongoing support of his/her participation in the program. I authorize The African Girls Mentoring Program to obtain any needed information regarding my child from his/her school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff. Furthermore, 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, myself, my child's identity, and other relevant information will be shared with the mentor

Parent/Guardian Signature

Date

Parent/Guardian Name (Please print)