



Good Hope Baptist Church Rites of Passage Program Prospective Mentee Application

This application must be completed by the parent or guardian of the prospective youth participant. The purpose of this application is to help the Good Hope Baptist Church Rites of Passage Program (GROPP) know more about the prospective mentee/ initiate **and** his or her interests. Upon completion of this application, please return it to the Program Coordinator at **Good Hope Baptist Church, 4209 S Smithfield Rd, P.O. Box 441, Knightdale, NC 27545**. Thank you for your interest in Good Hope Rites of Passage Program.

Personal Information

Youth's Name: _____ Date: _____

Parent/Guardian Name: _____

Relationship to Youth: Mother ___ Father ___ Other, specify: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ E-mail: _____

Youth Social Sec. #: _____

Youth date of Birth ___/___/___ Age: _____

Name of School: _____ Grade: _____

Emergency Contact Name: _____ Phone Number: _____

Please list all members of your household:

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, please feel free to attach another sheet of paper.

1. Why do you and your child want to participate in GROPP?
2. Is your child available to meet with a mentor/ and other Initiates one Saturday per month and have contact at least once a week for a minimum of nine months? Please explain any particular scheduling issues.
3. Is your child willing to attend an initial informational retreat and induction as part of GROPP?
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 GROPP gaining a broader perspective of your child?

Medical History

Name of Primary Care Physician: _____ Phone No.: _____

Medical Insurance Provider: _____

Policy Number: _____

Phone No.: _____

Does your son have any physical problems or limitations? No Yes (please explain below)

Is your son currently receiving treatment for any medical issues? No Yes (please explain below)

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

Does your son have any known allergies or adverse reactions to medications? No Yes (please explain below)

Does your son have any emotional issues or problems right now? No Yes (please explain below)

Is your son currently seeing a counselor or therapist? No Yes (please explain below)

Please read this carefully before signing:

The Good Hope Baptist Church Rites of Passage Program appreciates you and your child's interest in his becoming an initiate/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 program. Please know that after receiving this completed application from you, we will evaluate the information and email you letting you know if your child has been accepted into the program. Much of the information you supply in this application packet will be used to gain better insight on your child and whether this program is and continues to be appropriate for him. Therefore, the staff may, at times, need to access and share this information with the mentor and other parties when it is in the best interest of the initiate/ mentee, mentor and /or the program. Please initial each of the following:

_____ I give my informed consent and permission for my child to participate in GROPP and its related activities.

_____ I agree to have my child follow all program guidelines and understand that any violation on my child's part may result in suspension and/or termination of my child from the program.

_____ I hereby acknowledge that my child may be transported by his mentor and/or GROPP staff or representatives while participating in the Rites of Passage Program and that such transportation is voluntary and at his/her own risk.

_____ I release the Good Hope Baptist Church and Good Hope Baptist Church Rites of Passage Program 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 GROPP mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ (optional) I agree to allow GROPP to use any photographic image of my child taken while participating in the rites of passage program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following 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
- Initiate /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

GROPP

Contact and Information Release

(To Be Completed by the Parent/Guardian)

Youth's Name: _____ Date: _____

School: _____

I hereby grant permission for GROPP to make contact with my child and conduct a personal interview for the purposes of applying to be an initiate/mentee. GROPP may also make contact with my child on school premises for the purposes of screening and interviewing as well as ongoing support of his/her participation in rites of passage program. I authorize GROPP to obtain any needed information regarding my child from his school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff.

Further, I understand that basic information about my child will be anonymously (without names) shared with GROPP staff to aid in determining the child's suitable match with the program.

Parent/Guardian Signature _____
Date

Parent/Guardian Name: _____

Address _____ City _____ State ____ Zip _____

Phone (_____) _____ Cell Home

Initiate Interest Survey
(To Be Completed by Youth and Parent)

1. Are you interested in African/African history?
2. Do you like working in a group or team setting?
3. Name a woman (family member, friend or historical figure) you admire.
4. Do you speak any languages other than English? If so, which languages?
5. What are some favorite things you like to do with other people?
6. What are your favorite subjects in school?
7. If you could learn about a job/career, what would it be?
8. What are your favorite subjects to read about?
9. What is one goal you have set for the future?
10. Tell us one special thing about yourself.