



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Reach & Rise® 1:1 Mentoring Mentee Packet for Families and Service Providers

WHAT IS REACH & RISE? WHY WAS THIS PROGRAM CREATED?

- Reach & Rise is a free, one-to-one youth mentoring program that was established to provide young people in our community with positive adult relationships.
- Each adult is matched with a young person who they meet with once a week, for 1-3 hours. Each match lasts at least one year.
- Mentors are meant to serve as role models, friends, and confidants. They're another source of support for your child. They are not meant to take the role of a parent, babysitter, or financier.

HOW ARE MENTORS SCREENED BEFORE BEING MATCHED WITH MY CHILD?

- Mentors fill out a volunteer application and are screened by the Program Director.
- Mentors complete 17 + hours of training before being matched with your child.
- Before being matched with your child, mentors have passed a fingerprint security screening and thorough reference check.
- Mentors must have valid auto liability insurance. Program will obtain a copy of their driving record from the DMV.

ONCE MY CHILD IS MATCHED WITH A MENTOR, WHAT CAN I EXPECT?

- The mentor should meet with your child every week, for 1-3 hours.
- Mentors usually pick "mentees" up at home, but can also arrange with you to pick them up at their school, day care, a relative's house, or the YMCA.
- Some typical times to meet might be weekdays after school (e.g. 4:30 - 6:30 p.m.) or during a weekend day. Regular patterns of all day outings are not appropriate.
- Your child should meet with her mentor one-to-one; this means siblings and/or friends should not come along on the outings.
- You should expect consistency from the mentor (e.g. he/she should be on time and showing up for meetings as planned). If for some reason they are unable to make a meeting, the mentor should call in advance and let you and your child know, and set up a new time to meet.

WHAT ARE SOME ACTIVITIES THAT MENTORS DO WITH THEIR MENTEES?

- Your child and her mentor should decide together what activity they will do each week. They might find something they both enjoy, and do that activity several times throughout the course of the year. Or, they might try something new each time they meet.
- Here are some sample activities that your child do with his or her mentor:
 - Go to the park, the library, a museum, etc.
 - Go to the YMCA to play sports or swim
 - Take a walk and talking
 - Do art projects together
- Many mentors try to introduce their mentees to new activities to help them grow and learn about themselves and their community.

SHOULD MY CHILD SPEND TIME AT A MENTOR'S HOUSE?

- Your child should not go to his/her mentor's house.
- The mentor should not bring his/her family members and/or significant others along on outings with your child.
- Your child should never spend the night at his/her mentor's house, or go away with his/her mentor for an overnight or the weekend.
- If at any time throughout the relationship you are uncomfortable with the type of activities your child is doing with her mentor, you should call the Program Director right away to discuss it.

HOW CAN I SUPPORT MY CHILD'S RELATIONSHIP WITH HIS/HER MENTOR?

It is very important to choose a regular meeting day and time with your child's mentor as soon as possible. This will help establish the consistency and structure that children need. It will also ease any scheduling difficulties that could prevent the mentor from meeting with your child weekly. Please remember that the relationship between the mentor and your child will be most effective if they are allowed confidentiality. Mentors are trained to discuss situations with you in which the safety and well-being of your child may be jeopardized. Aside from this, your child should be allowed the privacy within her relationship to talk about whatever is on her mind. However, we value your reactions to the mentor. After the first meeting, please call the Program Director to talk about your feelings. If you have any questions, concerns, or are feeling uncomfortable for any reason, it is important to call and discuss it immediately. Children will be more willing to participate fully in the new relationship if they know their parents are comfortable with it.

*Flyer and FAQs are for you to keep. You do not need to submit them with your documentation.

Interested in becoming an adult volunteer mentor? Call ASAP for more information.



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**Reach & Rise® 1:1 Mentoring
A Program of the YMCA of the USA**

Jamie Umanzor, Program Director
YMCA of Honolulu—Kalihi Branch
jumanzor@ymcahonolulu.org • (808) 848-2494 x823

Youth Information:

Youth's Name: _____ Age: _____ DOB: _____

Gender: _____ Personal Gender Pronoun (e.g. He, She, They, etc.): _____

Address: _____ City: _____ Zip Code: _____

Parent/Guardian Name(s): _____ Relationship to Youth: _____

Address (if different from youth): _____

Does youth live in a rural community Yes No?

Home #: _____ Work #: _____

Cell #: _____ Email: _____

Youth's School: _____ School City: _____ Grade: _____

Ethnicity: African American American Indian or Alaska Native Asian Caucasian (Non-Latino)
 Hispanic or Latino (of any race) Native Hawaiian or Other Pacific Islander Multi-Racial
 Unknown Other: _____

Language Spoken by Youth: English Only Other (specify): _____ Both languages

Referral Information:

Name of Person Making Referral: _____ Referral Date: _____

Agency/Program/Relationship to Youth: _____

Phone #(s): _____ Email: _____

Best Way to be Contacted: Home # Cell # Work # Text Email In Person

Best Times to be Contacted: _____

Family Information:

Youth Lives With: Married Parents Unmarried Parents Single Parent
 Divorced Parents/Shared Physical Custody Step-Parent/Blended Family Foster Family
Family Member _____ Other _____

Custody (if parents are divorced) who has 100% legal custody: Mother Father Joint (50%)

People Youth Primarily Lives With:

Name	Relationship to Youth	Age	Work / Cell Phone

Significant Others Not Living in Household:

Name	Relationship to Youth	Age	Work / Cell Phone

Language Spoken By Parent: English Only Other (specify) _____ Both languages

Is family Military? Yes No Type: _____

Has a Child Protective Referral ever been made? Yes No (If Yes, add details below)

REFERRAL INFORMATION:

Reason(s) for Referral: (check all that apply)

- | | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Positive Role Model | <input type="checkbox"/> Family Conflict | <input type="checkbox"/> Drug/Alcohol | <input type="checkbox"/> Grief/Loss |
| <input type="checkbox"/> Try New Activities | <input type="checkbox"/> Emotional Support | <input type="checkbox"/> Gang Related | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Friendship Building | <input type="checkbox"/> History of Abuse | <input type="checkbox"/> Impulse Control | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Social Skills | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> School Behavior | <input type="checkbox"/> Runaway | <input type="checkbox"/> Self-Esteem | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Missing School | <input type="checkbox"/> Homeless | <input type="checkbox"/> Body Image | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Peer Conflict | <input type="checkbox"/> Arrests/Legal Issues | <input type="checkbox"/> Eating Issues | <input type="checkbox"/> Other: _____ |

Describe the reason(s) for the referral to the mentoring program. Any recent changes with the youth noticed? Any recent changes with youth's family or living situation? Any specific challenges or difficulties? If so, what and when did they begin?

What are some goals you think would be good for the youth? What could improve the youth's life?

What would the youth say is the reason for being referred? What would the youth see as a goal?

Is the youth on a waiting list or enrolled in any other mentoring programs? Yes No
If yes, where?

Is youth &/or parent/guardian open to being matched with a mentor of any age, race/ethnicity, gender, sexual orientation, special needs, religious beliefs, political affiliation, socioeconomic background, or geographic location, etc. YES NO? If No, explain: _____

What are the days and/or times youth is available to meet weekly with a mentor?

Has this referral been discussed with the youth & parent/guardian (if made by someone other than parent/guardian) Yes No? If yes, when? What was their response/are they interested in having a mentor for their youth?

What are the youth's strengths, skills, hobbies, interests?

School Information: What do the teachers say about the youth? How are grades? Any behavior challenges Yes No? Does youth receive special education services Yes No? Have there been any SST Meetings Yes No? Does youth have an IEP or 504 Plan? Does youth have any special needs, but not receiving special education services Yes No?

Peer Relationships: How does youth relate to peers? Any significant relationships? Any difficulties getting along well with peers? Any specific age groups youth relates best with?

Has family &/or youth ever attended counseling Yes No? If yes, where? When? For what reasons?

Family History: Any changes/stressors for youth/family (moves, deaths, births, remarriage, separations/divorces, witness any accidents, trauma, domestic violence, etc.)? Who does youth primarily live with? Any specific custody/visitation arrangements if parents are divorced/separated? Who is most actively involved with the youth? What are relationships between family members like?

Are there any specific cultural issues for youth/family that would be helpful to know?

Any serious past or present medical conditions, illnesses, injuries, surgeries, hospitalizations, ongoing treatment, etc. for youth or family?

Any history of substance use/abuse in family or with youth Yes No? If yes, what kind & what frequency?

Any history of youth or family members with suicidal thinking or suicide attempts Yes No? If yes, when?

Any history of youth or family members with history of self-harm Yes No? If yes, what & when?

Any arrests, convictions, encounters for the youth or family members with the law Yes No? If yes, when & what happened? Any Probation Officers worked with the youth Yes No? If yes, when and is it ongoing?

Any Child Protective Services &/or Police involvement with the youth and/or family regarding youth's safety (e.g. physical, verbal/emotional, sexual, neglect, etc.) Yes No? If Yes, when & why?

THIS SECTION IS FOR PROGRAM STAFF ONLY			
CONTACT LOG			
Log all contact regarding referral (e.g. discussing referral, explaining wait time, scheduling meetings, etc.)			
Date	Y Staff	Person Contacted	Notes – Messages left, contact made, etc.

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