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:
  o Go to the park, the library, a museum, etc.
  o Go to the YMCA to play sports or swim
  o Take a walk and talking
  o 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 and 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.
Reach & Rise® 1:1 Mentoring
A Program of the YMCA of the USA

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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:

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<th>Age</th>
<th>Work / Cell Phone</th>
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Significant Others Not Living in Household:

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<th>Name</th>
<th>Relationship to Youth</th>
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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)

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

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?

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