



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Reach & Rise® Group Mentoring FAQ's and Forms for Families and Service Providers

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

- Reach & Rise is a free, group mentoring program of the YMCA, established to provide young people in our community with positive and peer relationships.
- 2 adult mentors are matched with a group of 6 youth
- The group will meet once a week for 2 hours.
- The program cycle runs for 8 weeks during the summer and 16 weeks during the fall and spring.
- 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 and Y policies.
- Mentors complete 15+ hours of mentor training
- Mentors will have passed a background security screening and thorough reference checks.

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

- Group mentors will meet with their mentee group every week for 2 hours at an assigned site. This may be at a Y facilities, a school, community center, etc.
- Parent's responsibility to provide transportation to and from the group.
- Typical times to meet are weekday evenings or the weekend during the day.
- You should expect consistency from the mentors (e.g. meeting should be held at a consistent site, day and time). If for some reason they are unable to make a meeting, the mentor should call in advance and let you and your child know.

WHAT ARE SOME ACTIVITIES THAT MENTORS DO WITH THEIR MENTEES?

- Mentors will utilize a group mentoring handbook compiled by Reach and Rise to engage youth in discussions and activities relevant to each mentee's daily life.
- Here are some sample activities that your child may do with his or her mentor:
 - Go to the YMCA to play sports or swim
 - Practice social skills through role play and other fun games
 - Community service project
- 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.
- Your child should never spend the night at his/her mentor's house, or go away with his/her mentors 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 his/her mentors, 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 important that your child attends mentoring groups regularly and on time. This will help establish the consistency and structure that children need. The relationship between the mentors 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. 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.

QUESTIONS or MORE INFORMATION, CONTACT:

Jamie Umanzor
Reach & Rise® Program Director
YMCA of Honolulu—Kalihi Branch
(808) 848-2494 x823
jumanzor@ymcahonolulu.org

***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® Group Mentoring Youth Referral Form

Please send referral form to:

Jamie Umanzor, Reach & Rise® Program Director
jumanzor@ymcahonolulu.org / (808) 848-2494 x823 / Fax (808) 842-7736

REFERRAL DATE: _____

Child Information:

Child's Name: _____ Gender: _____ Age: _____ DOB: _____
Address: _____ City: _____ Zip Code: _____
Parent/Guardian Name(s): _____ Relationship to Child: _____
Address (if different from child): _____
Home #: _____ Work #: _____
Cell #: _____ Email: _____

Child's School: _____ School City: _____ Grade: _____
Ethnicity (Optional): African American Caucasian Latino _____
 Asian _____ Pacific Islander _____ American American/Alaska Native
 Unknown Multi-Racial Other: _____

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

Referral Information:

Name of Person Making Referral: _____ Referral Date: _____
Agency/Program/Relationship to Child: _____
Phone #(s): _____ Email: _____
Best Way to be Contacted: Home # Cell # Work # Text Email In Person
Best Times to be Contacted: _____

Family Information:

Child 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%)

Incarcerated Family Member _____
People Child Primarily Lives With:

Name	Relationship to Child	Age	Work / Cell Phone

Significant Others Not Living in Household:

Name	Relationship to Child	Age	Work / Cell Phone

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

Are you a part of a Military Family? 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 and provide example(s))

- | | |
|---|--|
| <input type="checkbox"/> Social Skills _____ | <input type="checkbox"/> Emotional Support _____ |
| <input type="checkbox"/> School Behavior/Engagement _____ | <input type="checkbox"/> Mental Health _____ |
| <input type="checkbox"/> Family Relations _____ | <input type="checkbox"/> Violence/Trauma _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Describe the reason(s) for the referral to the group mentoring program. Any recent changes with the child noticed? Any recent changes with child'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 child? What could improve the child's life?

Describe the child: (shy, outgoing, disruptive,..)

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

Would the child benefit from a mix gender group with mix gender mentor facilitators or from a group with same gender group and same gender mentor facilitators?

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

Has this referral been discussed with the child & parent/guardian? (If made by someone other than parent/guardian). If yes, when? What was their response/are they interested in having the child participate in group mentoring?

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

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

Any serious current medical conditions, illnesses, injuries, surgeries, hospitalizations, ongoing treatment, etc. for child or family?

Any history of substance use/abuse in family or with child? If yes, what kind? With what frequency?

Any history of child or family members with suicidal thinking or suicide attempts? Self-harm? If yes, when?

Any arrests, convictions, encounters for the child or family members with the law? If yes, when & what happened? Any Probation Officers worked with the child? If yes, when? Is this ongoing?

Any Child Protective Services &/or Police involvement with the child and/or family regarding child's safety (e.g. physical, verbal/emotional, sexual, neglect, etc.)? If so, when? For what?

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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