

**MENTORSHIP AT UCLA IS BACK IN PERSON WITH  
LIMITED SPACE\***

**Special Application Submission Instructions:**

**DUE 10/22/2022**

Printed applications must be submitted at the **North Hollywood Target park on October 22<sup>nd</sup>, 2022 from 11am-1pm.**

If you can't make it to the event you can submit to North Hollywood Apartments 6724 Tujunga Ave. North Hollywood, CA 91606. Please note that the office is closed to the public, you can call the office Monday through Friday from 8am to 4:30pm to 818.769.3617. There is a drop box under the window, next to the main door, where you can drop off the application OR scan and email the application to [myjacobo@voala.org](mailto:myjacobo@voala.org) or [mship.pds@gmail.com](mailto:mship.pds@gmail.com)

\*Due to COVID safety protocols there are limited spaces for both Tuesday and Wednesday events.

**Please do not hesitate to call if you have any questions!!**

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**Mentorship at UCLA está de regreso en persona con espacio limitado\***

Instrucciones especiales para someter su Aplicación de Mentorship:  
**ENTREGAR el 10/22/2022**

Las aplicaciones deben ser sometidas en el **Parque del Target en North Hollywood el 22 de Octubre del 2022 entre 11am y 1pm.**

Si no pueden asistir al evento, pueden someter la aplicación a la oficina de North Hollywood Apartments 6724 Tujunga Ave. North Hollywood, CA 91606. Por favor tome nota que la oficina está cerrada al público. Usted puede llamar de Lunes a Viernes entre 8am y 4:30pm al 818.769.3617. También puede entregar la aplicación en el buzón localizado debajo de la ventana a lado izquierdo de la puerta principal de la oficina. Alternativamente, puede mandar una copia por correo electrónico a [myjacobo@voala.org](mailto:myjacobo@voala.org) o [mship.pds@gmail.com](mailto:mship.pds@gmail.com).

\*Debido a los protocolos de seguridad de COVID el espacio para Martes y Miércoles están limitados.

**¡No dude en llamar si tiene alguna pregunta!**



## Mentorship Program at UCLA

Elementary School Mentee Application

2022 - 2023

Hi, my name is \_\_\_\_\_. I am \_\_\_\_\_ years old. I am a (boy/girl) in the \_\_\_\_\_ grade at \_\_\_\_\_ Elementary School. My favorite subject in school is \_\_\_\_\_. When I grow up, I want to be \_\_\_\_\_.

Some of my favorite things to do when I'm not in school are \_\_\_\_\_.

My t-shirt size is a (circle one):

Youth: SMALL

MEDIUM

LARGE

Adult: SMALL

MEDIUM

LARGE

X-LARGE

Who lives with you at home? (circle all that apply)

- Mom

- Dad

- Sister (How many? \_\_\_\_)

- Brother (How many? \_\_\_\_)

- Grandma

- Grandpa

- Aunt

- Uncle

- Foster Parents

- Other: \_\_\_\_\_

Do you have any relatives applying for Mentorship? (circle one) Y / N

If so, what's their name and relationship to you? \_\_\_\_\_

Mentee Questions

What are three things you want to learn from your mentor?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Why do you want to be in Mentorship or reapply to Mentorship?

What makes you feel happy and loved?

What kind of personality do you want your mentor to have?

Are you a RETURNING MENTEE? (circle one) YES NO

If YES, who was your mentor? \_\_\_\_\_

How many years have you been in Mentorship? \_\_\_\_\_

How do you feel about your mentor? Do you feel like you can talk to him or her?

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What was your favorite Mentorship event and/or memory?

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Where is a new place you would like to go with Mentorship?

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What would you like to do this year with Mentorship?

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**Draw a picture below of you and your mentee hanging out!**

Circle 5 words that describe your personality!

Quiet	Confident	Talkative	Curious	Spiritual	Artsy
Funny	Outgoing	Brainy	Athletic	Cheerful	Shy
Caring	Sweet	Sensitive	Joker	Musical	Nice
Manly	Curious	Creative	Mature	Responsible	Girly
Playful	Imaginative	Adventurous	Lazy	Giggly	Loud
Polite	Independent	Bookworm	Fun	Hyper	Potato

### **Household Information**

Home Address: \_\_\_\_\_

Parent/Guardian #1 Name & Relationship to You: \_\_\_\_\_

Parent/Guardian #1 Phone Number: \_\_\_\_\_

Parent/Guardian #2 Name & Relationship to You: \_\_\_\_\_

Parent/Guardian #2 Phone Number: \_\_\_\_\_

Mentee Cell Phone (if any): \_\_\_\_\_

Email Address of Parent/Guardian: \_\_\_\_\_

Preferred methods for receiving updates for Mentorship events (circle all that apply):

PHONE CALL                      EMAIL                      TEXT                      OTHER: \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

Mentee's Preferred Language(s): \_\_\_\_\_

### **Emergency Contact Information**

**Name #1:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Name #2:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Name #3:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Availability: (circle an option)**

**Time Commitment Information\***

- Tuesdays, with in person events taking place every other Tuesday, (5 - 7pm)

**OR**

- Wednesdays, with in person events taking place every other Wednesday, (5 - 7pm)

Are you willing to make this commitment? (Circle one): **Y / N**

Do you have any commitments that might interfere with Mentorship, such as sports, clubs, etc.?

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If so, what are they and what events do they interfere with?

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\*Schedule is subject to change should events transition to an in-person setting. Information will be provided when available under these circumstances.

**Updated Information for the 2022 - 2023 Program Year**  
**Parents, this section must be read carefully and signed!**  
**Covid Protocols**

We are currently planning to hold our Winter events, those taking place during January, February, and March, in person. Please read the following protocols for mentees to participate:

**Health Check:**

-Upon the Students arrival the designated staff member must complete the daily health inspection of every person that will participate in the program. This will require staff to sign in and provide the most current phone number and emergency contact.

-The designated staff member in their PPE will take the students temperature using the infrared thermometer.

-Staff will inform student/visitor about all entry guidelines including checking for symptoms. Refer to symptoms chart and questions. And, If there is a health concern the student, **will not** be allow to attend UCLA/the field trip.

**Masks: Anyone entering the bus must wear a face covering at all times regardless of vaccination status.** This includes all staff/visitors/students and any children over the age of two (2). A replacement mask should be brought and be readily available for students. Cloth masks or masks with valves or gaiters will not be allowed and a mask can be provided if the one being used is soiled/lost or damaged.

**Physical Distancing-** Everyone must follow physical distancing guidelines and stay six (6) feet away from others. This includes in workstations, bathrooms, elevators, computer labs and during filed trips.

**Field Trips:**

Field trips are allowed as long as health officer orders for outdoor events is followed. Staff and students must also continue to mask, ensure physical distancing and follow the designated protocol for the particular event/business sector/or drive by. Guidance's can be looked up at [www.lacounty.gov](http://www.lacounty.gov) under protocols. Transportation can be provided for Up to date or fully vaccinated (not booster eligible) staff and students only. Covid Testing will be provided and a negative test result is required on the day of each trip for both students and staff.

**Food Consumption:**

No food consumption is allowed on site for visitors or students. We ask that all students bring their own individual drink container that is labeled. Face coverings are to be removed while consuming a drink and replaced as soon as they are done.

I declare that the terms of these COVID Protocols have been completely read and are fully understood, and are voluntarily accepted.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of mentee)

\_\_\_\_\_  
(Date)

## **New Information for the 2022-2023 Program Year**

**Parents, please read and answer this section carefully!**

*(In the event we shall return to a virtual setting)*

### **Zoom Access**

Will every child who is participating in Mentorship this year have their own Zoom account on Tuesdays and/or Wednesdays?

YES  NO

These ZOOM meetings will be conducted and monitored by the Mentorship Committee and selected UCLA students. Do you approve of your child participating in this virtual format?

YES  NO

Do you have reliable WIFI to participate in the ZOOM meetings?

YES  NO

### **Photo/Social Media Consent**

Is it okay for photos of your child to be featured on Mentorship social media accounts? (i.e. Mentorship website, instagram, facebook). They will not be tagged or identified in any way besides their first names.

YES  NO

### **Contact Preferences**

We anticipate this year to be unconventional and full of new opportunities, along with some new challenges. As such, we want to keep in contact with families as best as possible.

Please indicate the best method for us to reach you on the day of events to 1) send the event's ZOOM link/password and 2) ensure your child is able to participate.

**Name**

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**Preferred Method of Contact (Email Address/Phone Number)**

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**Would you like us to contact you in Spanish?**

YES  NO

# Mentorship Program at UCLA

## 2022-2023 Parent Application

### Purpose

The purpose of this parent application is to further inform the Mentorship Program at UCLA about the background of our program recipients. This application serves primarily to establish potential programming for the upcoming year which can add to the enhancement to the program for your child.

Please answer all questions honestly and to the best of your knowledge. The content within this application will no way be used against you or your child.

### Household information

1. Name \_\_\_\_\_ Relationship to mentee: \_\_\_\_\_
2. Please check all of those individuals currently living in your home: Mother father  
Grandmother Sister/s(How many\_\_\_) Brother/s(How many\_\_\_) Other (cousins, aunts, family friends etc.)
3. Marital Status: Single Married Separated Divorced Widow Common Law
4. If one or both parents are absent;
  - A. What is the location of parent one?  
Out of the country Military Deceased Prison Other \_\_\_\_\_
  - B. What is the location of parent two?  
Out of the country Military Deceased Prison Other \_\_\_\_\_

### Head of Household employment information:

1. Do you currently hold a job? Yes No
2. If yes, what is your job and job title \_\_\_\_\_
3. If no, please explain \_\_\_\_\_
4. What is your employment status? full-time Part-time Hourly (Hrs per week\_\_\_\_\_)
5. Where is your job located? \_\_\_\_\_

### Do you have any questions?

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By Signing below you are verifying that all of the above information has been written by yourself and is accurate and true to the best of your knowledge.

Signature \_\_\_\_\_ Date: \_\_\_\_\_



# Release of Liability

Mentorship Program at UCLA  
Year 2022-2023  
(To be completed by each Parent/Guardian)

**Parent / Guardian Name:** \_\_\_\_\_  
(Print)

**Address:** \_\_\_\_\_

**Home Telephone Number:** ( ) \_\_\_\_\_

**Mobile Telephone Number:** ( ) \_\_\_\_\_

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
D.O.B

I hereby release and hold harmless, Volunteers of America, Los Angeles, Its agents, representatives, and employees from any liability which may arise in connection with my child(ren)'s participation in any and all Mentorship Program at UCLA events, including but not limited, to potential liability from accidents or injuries which may occur, or potential liability resulting from the content of any and all program activities including staff provided transportation thereafter. I also understand that my child(ren) and I are aware of this information, and we acknowledge this by signing this Parent/Guardian Liability Release Form.

## Waive of Liability

I declare that the terms of this Release have been completely read and are fully understood, and are voluntarily accepted.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

## Mentee/Parent Contract

I, \_\_\_\_\_ (mentee), am fully informed about the *Mentorship Program at UCLA* and agree to follow all the guidelines and rules listed below for the period of one school year. As a mentee, I fully accept the following responsibilities:

- To obtain parent/school approval for mentoring activities
- To meet with my mentor at least 3 times a month for one school year
- To be punctual: I will arrive on time to all meetings and events
- To be consistent: I will attend all meetings and events
- To let the Program Director AND my mentor know at least 24 hours in advance if I am unable to make any session or meeting with my mentor
- Not to ask my mentor to give or loan money to me or anyone else
- To treat my mentor and all other program members with respect
- To participate in evaluation of the program
- To advise the Program Director of any concerns that should be addressed

I understand that for the success of this program and the mentor-mentee relationship, it is critical that this commitment is year-long, and unless under extreme circumstances, **the mentee will attend all activities and remain until it's closing at the end of the school year.**

Mentee Signature \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for my child, \_\_\_\_\_, to participate in the Mentorship Program at UCLA for the 2022-2023 school year. I understand the nature and rule of the Mentorship's mentoring efforts and reserve the right to withdraw from the program at any time.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Mentee/Padre Contrato

Yo, \_\_\_\_\_ (mentee), estoy completamente informado sobre el programa de Mentorship y acepto todas las reglas y condiciones mencionadas abajo por el curso de un año académico. Como mentee, acepto completamente las siguientes responsabilidades.

- Obtener padre/escuela consentimiento para las actividades de Mentorship
- Reunirme con mi mentor 3 veces al mes por año
- Ser puntual: llegar a tiempo a todas las juntas y eventos de Mentorship
- Consistencia: prometo atender todos los eventos y juntas de Mentorship
- Si voy a estar ausente entiendo que tengo que contactar a mi mentor y al coordinador del programa 24 horas antes del programa
- Prohibido pedir dinero a mi mentor para mí o alguien mas
- Trataré con respeto a mi mentor y a todas las personas del programa
- Participare en evaluaciones del programa
- Comunicare al coordinador del programa de algún problema que requiera atención inmediata.

Entiendo que el éxito del programa y de mi relación con mi mentor depende mucho de mi compromiso de estar en el programa por un año, al menos que sean circunstancias fuera de mi control, prometo ir a todas las actividades y eventos hasta el fin de año académico del programa.

Firma del Mentee: \_\_\_\_\_ Date: \_\_\_\_\_

Yo doy consentimiento a mi niño(a), \_\_\_\_\_ para participar en el programa de Mentorship de UCLA para el año 2022-2023. Entiendo las reglas y filosofía del programa de Mentorship y tengo el derecho de terminar mi contrato en cualquier momento.

Firma del Padres/Guardianes: \_\_\_\_\_ Date: \_\_\_\_\_

**Participant Filed Trip Permission Slip**  
(To be completed by Parent/Guardian or Caregiver)

**Please complete and return this form to the North Hollywood Apartments staff of the field trips/activities.**  
(No participant will be permitted to participate in this activity without this form on file)

\_\_\_\_\_ Student at \_\_\_\_\_  
(Participant Name/Please Print) (D.O.B) (School)

**Has my permission to participate in the following:**

**Activities:** UCLA Mentorship

**Method of Transportation:** School Bus  
(Bus,van,plane,train)

<b>Tuesday</b>	<b>4:00 p.m. - 8:00 p.m.</b>	<b>North Hollywood Apartments 6724 Tujunga Avenue North Hollywood CA, 91606</b>
<b>Wednesday</b>	<b>4:00 p.m. – 8:00 p.m.</b>	<b>North Hollywood Apartments 6724 Tujunga Avenue North Hollywood CA, 91606</b>
<b>Saturday</b>	<b>9:00 a.m. – 3:00 p.m.</b>	<b>Maud Booth Family Center 11243 Kittridge St. North Hollywood CA, 91606</b>

# Emergency Contact Card/ Contacto de Emergencia

Student's name:	_____	Parent's/guardian's name:	_____
Age:	_____	Home phone:	_____
Date of birth:	_____	Work phone:	_____
	_____	Cell phone:	_____
Medical conditions:	_____	<b>Alternate contact's name:</b>	_____
Allergies:	_____	Home phone:	_____
Current medications:	_____	Work phone:	_____
Type of Insurance:	_____	Cell phone:	_____
Insurance #:	_____	<b>Alternate contact's name:</b>	_____
Family doctor:	_____	Home phone:	_____
Doctor's phone:	_____	Work phone:	_____
Prefer Hospital:	_____	Cell phone:	_____

**Notes:**

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\*A new Emergency Contacts sheet must be submitted yearly, and every time information changes.