



THANK YOU FOR YOUR INTEREST IN BECOMING A MEMBER
OF THE
BUILDING BRIDGES MENTORING PROGRAM.

THIS PACKET IS DESIGN FOR PARENTS WHO WISH TO
ENROLL MULTI-CHILDREN IN THE
BUILDING BRIDGES MENTORING PROGRAM.

YOU WILL SEE THROUGH OUT THE PACKET ITEMS ARE
HIGHLIGHTED, PLEASE FILL OUT ONLY
HIGHLIGHTED ITEMS.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT
JOELENE HOSKIE AT 505-262-6559.



Building Bridges Mentoring Program

5608 Zuni Rd. SE, Albuquerque, NM 87108

505-262-6559/6539 (Fax): 505-265-7045

MULTIPLE CHILD(REN) ENROLLMENT FORM:

Parent Name: _____ Date: _____
Address: _____ Apt #: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Cell Number: _____ Emergency #: _____

Child Name: _____
Age: _____ Grade: _____ D.O.B: _____
School: _____

Child Name: _____
Age: _____ Grade: _____ D.O.B: _____
School: _____

Child Name: _____
Age: _____ Grade: _____ D.O.B: _____
School: _____

Child Name: _____
Age: _____ Grade: _____ D.O.B: _____
School: _____

Child Name: _____
Age: _____ Grade: _____ D.O.B: _____
School: _____

Child Name: _____
Age: _____ Grade: _____ D.O.B: _____
School: _____

What language can you child speak: English _____ Spanish: _____ Other: _____

What language can you child write: English _____ Spanish: _____ Other: _____

Is your child(ren) on Medicaid Insurance? Yes _____ No _____

If no would you like to get your child(ren) enrolled: YES: _____ NO: _____

BBMP Support Staff:

Joelene Hoskie, Case Manager
505-262-6559 (office), or 505-262-2481 (main)
Joelene.hoskie@ihs.gov



5608 Zuni Rd SE – Albuquerque, New Mexico 87108 – 505-262-6559/6539 – Fax 505-262-7045

Prison Parent-Child Enrollment Form

Incarcerated Parent Information:

Name: _____

Sex: _____ Date of Birth: _____

Name of Institution: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Date of Incarceration: _____ Sentence Time: _____

Charge(s): _____

Release Date: _____

Do you want child(ren) to continue program when release: Yes _____ or No _____

Name(s) of Child(ren): _____

& Ages _____

Parent/Guardian information

Name: _____

Address: _____

Phone: _____

City: _____ State: _____

Zip: _____

BBMP Staff Signature: _____

Date: _____



Building Bridges Mentoring Program

Mentee (Youth) Application (To Be Completed by the Parent/Guardian)

Personal Information

Youth's Name: _____ Date: _____

Date of Birth ___/___/___ Age: _____ Youth Social Sec. #: _____

Gender: Male _____ Female _____

Parent/Guardian Name: _____

Relationship to Youth: Mother _____ Father _____ Other (specify): _____

Parent that is incarcerated (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Other/Message phone: _____

Ethnicity: Native: _____ Specify Tribe/Pueblo _____ Hispanic: _____

African American: ___ Asian: ___ Other: _____

Name of School: _____ Grade: _____

Emergency Contact Name: _____ Phone Number: _____

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Application Questions

Please answer ALL of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you/your child want to participate in a Building Bridges Mentoring Program?
2. Briefly describe your expectations for the Building Bridges Mentoring Program:
3. Is your child available to meet with a Mentor four hours per month and have regular contact for a minimum of one year? Please explain any particular scheduling issues.
4. Is your child willing to attend an initial Mentee interview/orientation and monthly activities after being matched?
5. Describe your child's school performance including grades, homework, attendance, behaviors, etc.:
6. Does your child have friends? Please describe his/her friendships.
7. Is your child currently having any problems either at home or school?
8. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.
9. Can you provide any additional background information that may be helpful to Building Bridges Mentoring in matching your son/daughter with an appropriate Mentor?

10. Information regarding Parent that is Incarcerated:

Is child aware of parent's incarceration?

If so, does the child have any contact, such as visitation or correspondence, with the incarcerated parent?

Would you allow us to share this information with her/his Mentor?

Medical History

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

Medical Insurance Provider: _____

Policy Number: _____ Phone No.: _____

Does your son/daughter have any physical problems or limitations?

Is your son/daughter currently receiving treatment for any medical issues?

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

Does your son/daughter have any known allergies or adverse reactions to medications? If yes, please describe them below:

Does your son/daughter have any emotional issues or problems right now?

Is your son or daughter currently seeing a counselor or therapist?

Therapist's Name: _____

PLEASE READ THIS CAREFULLY BEFORE SIGNING: *(Continued on next page)*

Building Bridges Mentoring Program appreciates you and your child's interest in his/her becoming a Mentee (Youth Participant). This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their son/daughter to participate in the Building Bridges Mentoring Program.

After receiving this completed application from you, we will evaluate the information and send you a letter letting you know if your child has been accepted into the Mentoring program. Much of the information you supply in this application packet will be used to match your child with an appropriate Mentor. Therefore, the Mentoring staff may, at times, need to access and share this information with prospective Mentors and other parties when it is in the best interest of the match. However, we do not reveal names until there is an initial interest from the Mentee, parent/guardian, and Mentor based first upon anonymous information provided about each other.

Please initial each of the following:

_____ I give my informed consent and permission for my child to participate in the Building Bridges Mentoring Program and its related activities.

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

_____ I hereby acknowledge that my child will be transported by his/her Mentor and/or First Nations staff or representatives while participating in the Building Bridges Mentoring Program, and that such transportation is voluntary and at his/her own risk.

_____ I release the Building Bridges Mentoring Program/ First Nations Community Health Source 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 Building Bridges Mentoring 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 First Nations Community Health Source to use any photographic image of my child taken while participating in the Mentoring Program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* 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
- Interest Survey Form
- Request for School Records
- Consent for Evaluation Activities
- Inmate Data Form (if applicable)

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

Please return or mail this application and the items listed above to:

Building Bridges Mentoring Program
First Nations Community Health Source
5608 Zuni Road SE, Albuquerque, NM 87108

BUILDING BRIDGES YOUTH MENTORING PROGRAM

First Nations Community Health Source

Mentee Contract

Name: _____

Date: _____

By choosing to participate in the Building Bridges Youth Mentoring Program, I agree to:

- Follow all rules and guidelines as outlined by the program manager, mentee training, program policies, and this contract
- Have a positive attitude and be respectful of my mentor
- Make a one-year commitment to being matched with my mentor
- Meet at least eight hours per month with my mentor
- Make at least weekly contact with my mentor
- Obtain parent/guardian permission for all meeting times at least three days in advance, if possible
- Be on time for scheduled meetings or call my mentor at least 24 hours beforehand if I am unable to make a meeting
- Discuss monthly meeting times and activities with the program manager, and regularly and openly communicate with the program manager as requested
- Inform the program manager of any difficulties or areas of concern that may arise in the relationship
- Participate in a closure process when that time comes
- Notify the program manager if I have any changes in address or phone number
- Attend in-service mentee training sessions twice per year

_____ (please initial) I understand that upon match closure, future contact with my mentor is beyond the scope of the Building Bridges Youth Mentoring Program and can happen only by the mutual consensus of the mentor, the mentee, and their parent/guardian.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program manager at this time or in the future.

(Signature)

(Date)



Building Bridges Mentoring Program

Mentee Interest Survey

(To Be Completed by Youth)

Please complete all the following. This survey will help Building Bridges Mentoring Program know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentor? Please check all that apply:

Weekdays: _____ Weekends: _____

Lunchtime: _____ After School: _____ Evenings: _____

Other: _____

Do you speak any languages other than English? If so, which languages?

What are some favorite things you like to do with other people?

What are your favorite subjects in school?

If you could learn about a job/career, what would it be?

What are your favorite subjects to read about?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday.

Please check all activities you are interested in:

<input type="checkbox"/>	Biking or Hiking	<input type="checkbox"/>	Cultural Activities	<input type="checkbox"/>	Youth Clubs	<input type="checkbox"/>	Native Language	<input type="checkbox"/>	Library or Reading
<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Church
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Bowling	<input type="checkbox"/>	Games	<input type="checkbox"/>	Skating

List any other areas of special interest:

• PLEASE PRINT FOR EACH CHILD



Building Bridges Mentoring Program

5608 Zuni Rd. Se, Albuquerque, New Mexico 87108 505-262-6559 or 505-262-6539

Photo Release Form

I, _____ (parent and/or Guardian name) hereby authorize the Building Bridges Mentoring Program and First Nations Community Healthsource to use, reproduce, and /or publish all visual materials, including photographs that may pertain to me or my child _____ (child's name). I understand that this material may be used in various publications for the program (ex. Publicity, brochures, illustration, advertising, Web site and recruitment) or for other related endeavors.

This authorization is continuous and may only be withdrawn at my written or verbal request. I have read and understand the above:

Parent Signature

Youth/Minor Signature

Parent(s) Name Printed

Youth/Minor Name Printed

Date

Date

Address: _____

City: _____

State/Zip: _____, _____

Phone Number: (Home) (_____) _____

(Cell) (_____) _____

Organization: Building Bridges Mentoring Program

• PLEASE PRINT FOR EACH CHILD



Building Bridges Mentoring Program

Contact and Information Release

(To Be Completed by the Parent/Guardian)

Youth's Name: _____ Date: _____

School: _____

I hereby grant permission for Building Bridges Mentoring Program to make contact with my child and conduct a personal interview for the purposes of applying to be a Mentee (Youth Participant). Building Bridges 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 the mentoring program.

I authorize Building Bridges to obtain any needed information regarding my child from his/her 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 a prospective mentor(s) to aid in determining a suitable match. Once a Mentor/Mentee match is determined, I and my child's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

Parent/Guardian Signature

Date

Parent/Guardian Name: _____

Address _____

City _____ State _____ Zip _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Message Phone: _____

PLEASE PRINT FOR EACH CHILD.



Mentee Contract

Name: _____

Date: _____

By choosing to participate in the Building Bridges Youth Mentoring Program, I agree to:

- Follow all rules and guidelines as outlined by the program manager, mentee training, program policies, and this contract
- Have a positive attitude and be respectful of my mentor
- Make a one-year commitment to being matched with my mentor
- Meet at least eight hours per month with my mentor
- Make at least weekly contact with my mentor
- Obtain parent/guardian permission for all meeting times at least three days in advance, if possible
- Be on time for scheduled meetings or call my mentor at least 24 hours beforehand if I am unable to make a meeting
- Discuss monthly meeting times and activities with the program manager, and regularly and openly communicate with the program manager as requested
- Inform the program manager of any difficulties or areas of concern that may arise in the relationship
- Participate in a closure process when that time comes
- Notify the program manager if I have any changes in address or phone number
- Attend in service mentee training sessions twice per year

_____ (please initial) I understand that upon match closure, future contact with my mentor is beyond the scope of the Building Bridges Youth Mentoring Program and can happen only by the mutual consensus of the mentor, the mentee, and their parent/guardian.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program manager at this time or in the future.

(Signature)

(Date)

PLEASE PRINT FOR EACH CHILD



Building Bridges Mentoring Program

Mentee Interview

(To Be Completed By Staff)

Applicant Name: _____

Date: _____

Interviewed by: _____

I need to ask a number of questions about you that will help me in matching you with a mentor. Some of the questions are personal and I want you to know that what you tell me will be confidential, meaning I won't tell your parents unless you give me permission. However, I am required to report anything that indicates you have done or may do harm to yourself or others. And some information, such as what you would like to do with a mentor or things you are interested in may be shared with a prospective mentor. Do you understand?

1. Why do you think you'd like to have a mentor?
2. What type of person would you like to be matched with?
3. Will you be able to fulfill the commitments of the program – eight hours per month with weekly contact for one year?
4. Are you willing to attend an initial mentee training session and two in-service training sessions per year after being matched?
5. One of the program requirements is to communicate with program staff once a month about your relationship with your mentor. Are you okay doing that?
6. What types of activities would you do with a mentor?
7. What hobbies or interests do you have?
8. How would you describe yourself?
9. How do you think friends and family members would describe you?

10. How do you like school?

11. How well do you do in school?

12. Tell me about your friends.

13. Have you ever been arrested? If so, when and for what?

14. Do you currently use any alcohol, drugs or tobacco?

15. Do you have any questions about the program I can answer for you?

Interviewer Comments:



Building Bridges Mentoring Program

5608 Zuni Rd SE – Albuquerque, New Mexico 87108 – 505-262-6559/6539 – Fax 505-262-7045

First Nations Community Health Source
Building Bridges Mentoring Program

Linda Son-Stone, Executive Director

Dorothy Claw, Program Manager

REQUEST FOR SCHOOL RECORDS
FOR
BUILDING BRIDGES MENTORING PROGRAM PARTICIPANTS

As you probably, know, your child is enrolled in the Building Bridges Mentoring Program at the First Nations Community Health Source. BBMP collects information about participants in order to find out if the is making a positive difference for your child. Although you have already signed a BBMP permission form for your child to participate in the program and to complete the program survey, we would also like to see if the program is helping your child to do better in school. In order to do this, we are requesting your permission to obtain your child’s report card grades and information about absences. All information we collect will be strictly confidential. We will only us summaries of this information all students in the program, but never about any individual student. Please call Dorothy Claw, Program Manager, at BBMP (505-262-6539) or Joelene Hoskie, Case Manager, at BBMP (505-262-6559) if you have any questions. Thank you so much for your support.

STUDENT: _____
GRADE: _____
BIRTHDATE: _____

I hereby authorize _____ **School** to release the following records of the student named above to the **Building Bridges Mentoring Program** for the purpose of evaluating the effectiveness of the Building Bridges Mentoring Program.

- 1. REPORT CARDS FOR THE SCHOOL YEAR (grades in major academic subjects)
- 2. ATTENDANCE INFORMATION (if not already on Report Card)

(Signature of Parent/Guardian)

(Date)

Thank you for supporting the Building Bridges Mentoring Program

PLEASE RETURN TO:
BUILDING BRIDGES MENTORING PROGRAM
FIRST NATIONS COMMUNITY HEALTHSOURCE

PLEASE PRINT FOR EACH CHILD.