

Sisterhood Extravaganza

Youth Mentoring Program

Empowering Girls to Succeed

ENLIGHTEN ♥ **ENCOURAGE** ♥ **EMPOWER**

The Sisterhood Extravaganza Youth Mentoring Program is a very powerful, interactive, and engaging personal and leadership development program designed to enhance the lives of girls between the ages of 8-18 with a focus on Empowering Girls to Succeed.



Our **MISSION** is to provide support and guidance that will empower our girls and provide them with skills and tools to help them make positive choices to achieve academic, leadership, life, relationship and entrepreneurial success. This in turn allows each of them to develop into their full potential, capable of making informed, responsible decisions as involved and productive members of our community.

Youth Mentoring Program Details

8 week Curriculum consist of:

- Building Self-Esteem & Self-Confidence Skills
- Developing Leadership Skills
- Enhancing Relationship Skills
- Career/Entrepreneurship
- Financial Literacy/Education
- Public Speaking
- Exposure to Women in STEM Program
- College exploration/expectation
- Art, Music & Movement

Educational Field Trips to Enhance Learning

Mentoring Girls & Inspiring Sisterhood

For more details go to www.sisterhoodextravaganza.org

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MENTEE APPLICATION FORM

The Sisterhood Extravaganza Youth Mentoring Program appreciates you and your child's interest in her becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their daughter to participate in the Sisterhood Extravaganza Youth Mentoring Program. After receiving this completed application form 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.

Mentee Name: _____ Age: _____ Grade: _____

School: _____ Phone# _____ DOB _____

Home address _____ City _____ State _____ Zip _____

Parent/Guardian _____ Email _____

Please answer all of the following questions.

1. Why do you/your child want to participate in a mentoring program?

2. Briefly describe your expectations for the Sisterhood Extravaganza Youth Mentoring Program:

3. Is your child willing to attend an initial mentee training session and occasional other training sessions throughout the program? yes / no If no, please state why?

4. Is your child currently having any problems either at home or school? yes / no If yes, please state the problems their experiencing.

5. Has your child experienced any traumatic events we may need to know about (eg. death in the family, abuse, divorce)? (optional) yes / no If yes, please provide details.

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TERMS & CONDITIONS/RELEASE FORM

Please read and initial each of the following:

- 1) I give my informed consent and permission for my child to participate in the Sisterhood Extravaganza Youth Mentoring Program and its related activities. _____
- 2) 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. _____
- 3) I release the Sisterhood Extravaganza Youth Mentoring Program 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 Sisterhood Extravaganza Youth mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined. _____
- 4) I agree to allow the Sisterhood Extravaganza Youth Mentoring Program to use any photographic or video image of my child taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials. _____
- 5) I understand I must return the Information Release Form along with this application, and that any incomplete information will result in the delay of my application being processed. _____

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Parents/Guardian Signature

Date

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