



The God's Gift, Inc. Mission: is providing a healthy environment for girls ages 7-17, promoting a healthy lifestyle by providing mentoring programs, self esteem workshops, life skills, etiquette classes, college and career preparation, and most importantly helping women and girls to recognize their self worth.

As a signature program for God's Gift, Inc., The G.I.R.L.S. Group Mentoring Program was designed to serve a fast-growing part of our community: elementary to high school girls living in Broward County, FL. The program addresses high-priority community concerns to prepare mentees for a smooth and successful transition into adulthood. The G.I.R.L.S. Group Mentoring Program (Girls In Life Situations) works with youth to improve self-esteem and confidence and explore the basic skills that are easily transferable to the workplace and everyday life.

Each month we will get together for a day of fun, laughter, learning and encouragement. There will be a different activity scheduled to help you become that strong young woman!

- Leadership Training
- Fund Raisers
- Grooming/Hygiene/Beauty tips
- Confidence Building
- Other Field Trips: museums, aquariums, parks...etc
- Volunteer Work
- College Visits/Tours
- Tutoring
- Teambuilding Exercises

The skills you take from this program will enable you to be all that God wants you to be! We invite all girls ages 7-17 to come out and join us!

Just follow the instructions in this packet and you are on your way!!

Enrollment: Please fill out and sign the enclosed forms completely. Once all forms are completed and turned in you will be issued a calendar of events. You will then have access to all resources provided through the GGI program.

Attendance: It is asked that you participate in as many events as possible in order to fully benefit from what this program has to offer! It is required that you participate in a minimum of 20 community service hours per year.

Registration Fee: The registration fee is \$100. **Payment plans are available!** *Human services offices fees are waived

God's Gift, Inc. Girls Meetings: We meet on the 2nd and 4th Saturday of each month, unless stated otherwise. It is strongly encouraged that you attend! We don't want you to miss anything!

Participant Application
(To Be Completed by the Parent/Guardian)

Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth ___/___/___ Age: _____

Ethnicity: White: ___ Hispanic: ___ African American: ___ Asian: ___ Other: ___

Name of School: _____ Grade: _____

Parent/Guardian Name: _____

Relationship to Mentee: Mother ___ Father ___ Other, specify: _____

Home phone: _____ Work phone: _____

Emergency Contact Name: _____ Phone Number: _____

Is this a referral from the following organizations?:

- Department of Juvenile Justice
- Take Stock in Children
- Mt. Bethel Human Services
- Henderson Behavioral Health
- Other: _____

How did you hear about this organizations?:

- Website/Social Media
- Broward County School Board
- Boys & Girls Club
- Broward County Parks & Recreation
- Other: _____

Parent Questionnaire
(To Be Completed by the Parent/Guardian)

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 mentoring program?

2. Briefly describe your expectations for God's Gift, Inc. & G.I.R.L.S. Group Mentoring Program:

3. Describe your child's school performance including grades, homework, attendance, behaviors, etc.

4. Please describe his/her friendships.

5. Is your child currently having any problems either at home or school?

6. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.

Participant Questionnaire
(To Be Completed by Youth)

Participant's Name: _____ Date: _____

Please complete all the following. This survey will help G.I.R.L.S Group Mentorship Program learn more about you and your interests.

1. What are some favorite things you like to do with other people?
2. What are your favorite subjects in school?
3. If you could learn about a job/career, what would it be?
4. What are your favorite subjects to read about?
5. What is one goal you have set for the future?
6. If you could learn something new, what would it be?
7. What person do you most admire and why?
8. Describe your ideal Saturday.

Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<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"/>	Eating	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas of special interest:

* Due to the nature of our organization, it is imperative that every member adhere to all guidelines set forth by God's Gift, Inc.

Travel Authorization

_____ has my permission to travel under the supervision of God's Gift, Inc. Team. I am aware that the above named child is expected to attend:

- Monthly meetings
- Workshops
- Community service
- Social outings

Waiver of Liability

In consideration of your accepting this entry, for the God's Gift, Inc. program, thereby for myself, my heirs, executor assigns and personal; representatives, waive and release any and all rights and claims for damages I now, or may hereafter have, whether now known or unknown, against God's Gift, Inc. its employees, agents, and volunteerworkers, for any injuries suffered by me in connection with participating in said program. God's Gift, Inc. will not be responsible for the loss or theft of personal items.

Parent or Legal Guardian Signature: _____ Date: _____

Consent to Medical Care and Treatment of a Minor

The undersigned authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician of hospital for above named daughter if we cannot be reached in case of an emergency.

Our consent includes, but is not limited to, administration of necessary anesthetics, medical treatment, tests, x-ray examinations, transfusions, injections, or drugs and the performing of whatever operations may be deemed necessary or advisable. Further, consent is granted to any such physician to exercise his/her discretion in authorizing the disposal of any severed tissue or member.

It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required. This authorization shall remain in effect until revoked in writing by the undersigned, with notice to the treating physician and hospital, or until the undersigned void their signatures hereon.

Parent or Legal Guardian Signature: _____ Date: _____

Media Release Form

From time to time during the program session it may be necessary for God's Gift, Inc. committee to use photographs, audio recordings, and/or video footage of our mentees. These media outlets will consist of community service events and/or activities associated with The G.I.R.L.S. Group Mentorship Program.

God's Gift, Inc. would like your permission to use photographs, audio recordings, and/or video footage of your child for such purposes. We ask permission to include your child's name as appropriate in news releases, video produced by God's Gift, Inc., brochures, and on our website postings. Neither staff members nor any of its authorized webmasters, photographers, videographers, committee members, or officers receive monetary rewards resulting from use of such materials. All material shall be used for the sole purpose of God's Gift, Inc.'s programs.

Your signature below indicates your permission for photographs, audio recordings, and/or video footage to be used in the manner described above.

I hereby affirm that I am at least 18 years of age and/or the parent/guardian of the child named below. I hereby give my consent for her photographs, audio recordings, and/or video footage to be utilized for advertising, illustration, or publication on the God's Gift, Inc. website, brochures, or newsletters and/or that her name is included in the published materials as appropriate.

Name: _____

Parent/ Guardian Name (print): _____

Signature: _____ Date: _____

Roles & Responsibilities

Mentee Roles and Responsibilities

- Mentees shall respect the mentor's time and other commitments.
- Mentees should have realistic expectations about their mentors but also seek to be challenged through the mentoring experience.
- Mentees must learn and practice self-empowering behaviors and should understand that they are responsible for their own spiritual and personal growth and development.
- Mentees must follow through on their commitments with their mentors.
- Mentees should seek guidance and assistance when necessary.
- Mentees must recognize that mutual respect, trust, and honesty are necessary to achieve a healthy and authentic relationship.
- Mentees must agree and understand that the following reasons are grounds for dismissal from the G.I.R.L.S Group Mentoring Program: 1) disrespecting authority, 2) more than three(3) consecutive absences, 3) use of vulgarities, 4) fighting and/or instigating any fight, 5) stealing

Participant Initial:_____

Parents Roles and Responsibilities

- Parents shall respect the mentor's time and other commitments.
- Parents shall drop off their child on time for scheduled mentoring sessions.
- Parents shall notify at least one of the mentors if they are not able to drop their child off on time.
- Parents shall notify at least one of the mentors two (2) days prior to the session if their child will not be able to attend the scheduled mentoring session.

Parent/Guardian Initial:_____