



THRIVE
CHELAN VALLEY

2021-22
MENTEE HANDBOOK



Dear Future Mentee,

On behalf of Thrive Chelan Valley, I would like to say “thank you” for showing interest in joining our Thrive Mentoring program! For over 20 years we have served our valley’s youth because we believe in YOU and want to ensure that all Lake Chelan Valley youth have everything they need to reach their full potential.

We believe in a community advocacy model where we empower our volunteers and community to voice the needs they see and find solutions that lead to successful outcomes for young people. Please see below for a little more information regarding each of our programs.

Program Overview:

- **Thrive Cares:** This program exists to help all youth in the Chelan Valley reach their full potential through meeting tangible needs (proper clothing, food, supplies, etc). Often people who work with kids and care deeply about them notice something that would help them be more successful in school and life. With the help of Thrive Cares, any advocate can submit a request on behalf of a student. For information or to submit a request online, please visit our website at: www.thrivechelanvalley.com/cares/
- **Thrive Mentoring:** The goal of this program is to connect youth and safe adults with opportunities for positive mentoring relationships that inspire personal growth, provide access to resources and bring awareness to our community. We currently utilize two models to go about this work via 1:1 (which matches a student with a caring adult) and 1: Many (which matches a caring adult with a group of students). For more information, please view our website at: www.thrivechelanvalley.com/mentoring/
- **Thrive Teen Center:** This program represents a 20+ year partnership between the City of Chelan, the Lake Chelan Methodist Church and Thrive Chelan Valley. Each Friday and Saturday evening between October and May, Thrive provides a safe and relaxing environment for teens in the valley to have a warm meal, socialize, play games and more. To find out more about how to get involved via meal prep, supervising or volunteering, please visit our website at: www.thrivechelanvalley.com/teencenter/

Sincerely,

A handwritten signature in black ink that reads "Kayla Helleson".

Kayla Helleson, Executive Director



MENTEE PACKET & PROCESS

Thank you for your interest in Thrive Mentoring! Providing a safe environment for all youth to interact with adults in all three of our programs (Cares, Mentoring and Teen Center) is our top priority.

In order to ensure the safety of youth and meet legal and insurance requirements, all attached forms must be completed prior to participating in our programs.

Once completed, forms may be returned via email to:
executivedirector@thrivechelanvalley.com

Forms Needed for Completed Packet:

- Mentee Application Form (page 5)
- Parent Consent Form (page 6)
- Mentee Agreement Form (page 7)
- Media Release Form (page 8)
- Thrive Mentoring Quiz (this will be emailed once the forms above have been received)



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EXPECTATIONS OF THRIVE MENTEES

In order to make this experience the very best it can be for you and your future mentor, please read through the expectations below:

As a Thrive mentee you can expect...

- to be treated with respect at all times.
- your physical and mental safety to be protected.
- to be treated in a fair and objective way.
- your mentor to respect the rights and dignity of you and your family/loved ones
- your questions and concerns to be heard by Executive Director
- your mentor to behave in a trustworthy and honest manner.
- your mentor to keep confidentiality at all times, except if...
 - you have expressed thoughts of harming yourself
 - you have expressed thoughts of harming someone else
 - someone is harming you
 - you have broken the law

As a Thrive mentee, your mentor expects...

- to be treated with respect at all times.
- to be treated in a fair and objective way.
- to be communicated with at least once a week (i.e. text, email, phone call, etc)
- you to let them know as soon as possible if you cannot follow through with the plans you have made to connect
- you to follow up with them and/or Thrive staff if you have questions or concerns about the mentoring program
- you to communicate with your parent/guardian regarding the plans you have made to connect with your mentor
- you to be as honest as possible so that they can support you the best way possible



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2021-22 MENTEE APPLICATION FORM

Student Name (Last, First and Middle)	Student Grade Level (Fall 2021):
Date of Birth (mm/dd/yyyy): Student Pronouns:	Student Cell Phone Number: Parent Cell Phone Number:
Physical Address:	Mailing Address:
Student Email Address:	I would prefer to be contacted via: <input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email
Emergency Contact #1 Name: Phone Number:	Emergency Contact #2 Name: Phone Number:
Additional Questions 1) I have access to a device (i.e. computer, phone, tablet, etc) and internet/data connection that would allow me to communicate with my mentor virtually <input type="checkbox"/> Yes <input type="checkbox"/> No 2) I have used video call technology before (i.e. Zoom, FaceTime, etc) and feel comfortable using it to converse with my mentor <input type="checkbox"/> Yes <input type="checkbox"/> No 3) I am willing to commit one hour per week (4 hours per month) during the 2020-21 school year (September-May) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Student's T-Shirt Size:

Student's Favorite Treat:

Student's Favorite Food:

Student's Favorite Color:



PARENT/GUARDIAN CONSENT FORM

A parent or legal guardian must complete and sign this form for a child under 18 years of age.

Parent/Guardian Name: _____ Child's Name: _____

As a part of Thrive Mentoring, your child will be participating in a community-based mentoring program. Your child will be meeting with an adult mentor that has:

- Received ongoing mentoring training & support
- Been through a Washington State Patrol Background check
- Been through an FBI Criminal Background Check
- Been checked for valid driving insurance
- Been interviewed by our team and approved to be a mentor with Thrive Chelan Valley

I, _____, certify that my child, _____, is authorized to participate in Thrive Mentoring with Thrive Chelan Valley. I understand this means that my child:

- Will meet with their mentor at least 4 hours every month for 12 months
- Will meet with their adult mentor in public places throughout the community
- Will meet with their mentor outside of school hours
- Will communicate virtually via email, video chat and text messaging
- Will communicate via social media platforms (i.e. Instagram, Facebook, etc)
- May, at times, participate in activities such as hiking, fishing, sledding, etc.
- May, at times, ride with their adult mentor in a vehicle

In case of an emergency, please provide the following information:

	Emergency Contact #1	Emergency Contact #2
Name of Contact		
Relationship to Child		
Mobile Phone #:	()	()

I, _____, give my child permission to participate in the Thrive Mentoring Program. I realize that accidents can and do happen, and risks of serious injury, accidents and other unforeseen circumstances do exist. I agree that my child must follow all safety guidelines as communicated verbally and in writing by Thrive Mentoring and his/her Thrive mentor. My signature below indicates that I have been advised of this information and agree to indemnify, hold harmless and defend Thrive Chelan Valley staff and volunteers for any and all injuries, claims, damages or death which may arise from participation in the activity named above. I also agree to participate in data collection as requested for purposes of evaluating the effectiveness of Thrive programs, including mentoring.

Parent/Guardian Signature: _____

Date: _____



PROCESS & NEXT STEPS

Once you have completed and turned in your application materials, you will be contacted regarding next steps in the matching process. We do our very best to connect mentors and mentees as quickly as possible while ensuring a quality process. Above all else, we want the experience to be a safe, fun and rewarding one for both our mentors and mentees. If the matching process is taking more time than typical (3-4 weeks) we will reach out and communicate where we are in the process.

AGREEMENTS

When completing this application, I have read all the contents in this Mentor Handbook and agree to all standards of conduct for Thrive Mentees. I also understand that Thrive Chelan Valley performs background checks on all paid staff and volunteers (Executive Director, Board Members, Leadership Team Members, Direct Service Volunteers). I understand and agree that Thrive Chelan Valley reserves the right to deny approval of mentoring candidates (both mentors and mentees).

Pursuant to RCW 9A.72.085, I certify under penalty or perjury under the laws of the state of Washington that the foregoing is true and correct. I understand that misinformation knowingly provided on this application is grounds for temporary or permanent program suspension.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____



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PARENT MEDIA RELEASE FORM

A parent or legal guardian must complete and sign this form for a child under 18 years of age.

Parent/Guardian Name: _____ Child's Name: _____

I hereby agree and consent to the use of my child's recording, photograph, video or likeness, digital or otherwise (hereinafter collectively "Content") for any legitimate purpose by Thrive Chelan Valley ("Thrive") without payment or royalty of any kind.

I understand that "legitimate purpose" shall be determined by Thrive, but includes, without limitation, marketing, advertising, promotional or educational purposes. This consent specifically authorizes Thrive to repackage, alter or modify the Content.

I, on behalf of my child, hereby release all right, title and interest of any kind in the Content, and I acknowledge that Thrive is the owner of the Content.

I understand that notwithstanding the foregoing, I may revoke this authorization solely to the extent that use or disclosure of the Content has not already occurred prior to the request for revocation.

I understand that I must revoke the consent in writing, and the revocation will not be effective until received by Thrive.

Parent Signature: _____

Date: _____