



Omega Psi Phi Fraternity, Inc.
Iota Iota Iota Graduate Chapter #864
P.O. Box 581049
Salt Lake City, Utah 84158

Tri Iota Youth Mentoring Programs Saturday Scholars Program Isuthu (Rites of Passage) Program

Parent/Guardian Information

Overview

The Tri Iota Youth Mentoring Programs (Tri I-YMP) is an umbrella set of mentoring programs that are currently sponsored through the Iota Iota Iota (Tri Iota) chapter of the **Omega Psi Phi Fraternity, Inc.** The Tri I-YMP currently consist of the Saturday Scholars Program, the Isuthu “Rites of Passage” Program, and it will soon include the summer Youth Leadership Conference. The Tri Iota Youth Mentoring Programs match professional men of the Iota Iota Iota graduate chapter of **Omega Psi Phi Fraternity, Inc.** and University of Utah, Westminster University, and Weber State University undergraduate and graduate students, and professional men in the community with middle and high school students in one-to-one relationships for an academic year. Through these relationships, as well as recreational and group activities, our matches share friendship, support, and fun. Mentors and mentees get together at least once a month but with a goal of weekly contact. Both mentors and mentees make a commitment to spend time together throughout the academic year. They can participate in activities that they both enjoy. The mentors are not private tutors, although sometimes pairs decide to work on homework together.

We plan social group activities on a monthly basis that are open to all participants. We are also available at all times to answer questions, offer support and help matches work through challenges that may arise.

The Steering Committee

The Tri I-YMP *Steering Committee* is a group of professional men and members of the Salt Lake City-Ogden graduate chapter of **Omega Psi Phi Fraternity, Inc.** who lead the Tri Iota Youth Mentoring Programs. They recruit mentors and mentees, plan all training orientations and group activities, and provide support and information if problems arise.

Recruitment of Mentors and Mentees

Mentors complete a written application, including two references. They then participate in a one-on-one interview with a Tri I-YMP *Steering Committee Member*, at which time they learn about the program in detail, and we get to know them and their background. After completing the interview process, the mentor must attend a training session. Mentees also complete a written application, which includes a parent/guardian consent form. We ask that parents attend an orientation held during the beginning of the academic semester to receive more information about the program and our guidelines.

Matching

The *Steering Committee* matches mentors and mentees based on shared interests, personality, and, if it is important to the mentee, cultural background. Unfortunately, we are not always able to match everyone who applies. This happens for many reasons, but the most common are that we simply do not have equal numbers of mentors and mentees. If a student is not matched, please understand that it is not because he is "unsuitable" for the program. They will be placed on our waiting list, and as soon as an opportunity arises for them to be involved, we will contact them. If a student is matched, their mentor will contact them by phone to let them know, and will host a special activity at the **University of Utah, East High School, or Calvary Baptist Church** where they will be introduced to their mentor.

After Students Are Matched

After students are matched, they will meet with their mentor at least once a week for 1-3 hours at the beginning of the each term. They can meet at school, at home, at East High School, or the Calvary Baptist Church. Parent consent must be given for all activities mentees participate in. As the mentors are volunteers, it is important that the mentee and the mentor are both respectful of the other's time.

Group Activities

We try to host social activities about once a month between mid-August and May. These activities give us a chance to get together and have fun! Some of the activities will be part of our Chapter's programs: Achievement Week Celebrations, Toy Drives, the N.A.A.C.P. - Salt Lake City or Ogden Branches' Martin Luther King, Jr. Day events and the community Parades, nursing home visitation and food deliveries, "Feeding the Homeless" program, the Charles Drew "Blood Drive" and Sickle Cell informationals, attending University of Utah or Utah Jazz games with their mentor, and various workshops/seminars regarding health, community interest/citizenship, conducting meetings, finances, and spirituality. Along with program-wide activities, our Steering Committee members coordinate other events throughout the academic quarter for smaller groups of pairs. This is to encourage a sense of community within in our program and

creates a chance for our participants to get to know each other better. We really want to hear from mentees about what they would like to do.

Tri Iota Youth Leadership Conference

It is our earnest desire to hold a Tri Iota Youth Leadership Conference before the end of summer of 2014. This would be a 1 to 2 day, all-day conference for boys between 12-18 years of age. We will model our YLC after the success of many Youth Leadership Conferences of **Omega Psi Phi Fraternity** chapters across the USA. Of the many chapters, what our **Brothers in Compton, California** are doing is very impressive (visit their site at <http://www.omegaeducationalfoundation.org/>). Yet, we will tailor our conference for the specific needs of our young men in the larger Salt Lake County. For instance, this youth conference is designed to focus on pertinent issues facing African-American & Polynesian males, including Self Esteem, Goal Setting, Health & Wellness, Social & Personal responsibility, Family unity, Academic growth and development, and Conflict Resolution. **Stay tuned!**



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Tri Iota Youth Mentoring Programs Mentee Application

Please write clearly and answer every question.

Date: _____	Did you have a mentor before through our program?	Yes or No
	If yes, would you like the same mentor this time?	Yes or No
	Did you apply before and not receive a mentor?	Yes or No
	Are you interested in the Saturday Scholars Program?	Yes or No
	Are you interested in the Isuthu Program?	Yes or No
	Are you interested in the Youth Leadership Conference?	Yes or No

Name: _____

Age: _____ Birthday: _____ Ethnicity: _____

Grade: _____ School: _____

Upon Graduation, what do you plan to do:

___ College ___ Vocational School ___ Technical School
___ Work ___ Undecided ___ Other

My goal is to become a: _____

Name of Parent(s)/Guardian(s): _____

Address: _____

City: _____ Zip Code: _____

Home Phone Number: _____

Son's Mobile Phone Number(s): _____

Parent's Mobile Phone Number(s): _____

Son's Email Address: _____

Parent's Email Address: _____

Emergency contacts who may pick up the student:

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell _____

Do you prefer to receive news from the Youth Mentoring Programs regarding upcoming events and other important information via email, in the mail, or both?

How did you hear about the Youth Mentor Programs? (Circle One)

An Omega Friend Teacher After School Program Table at lunch Internet

Why do you want a mentor? (For tutoring, advice, friendship, “big brother,” to learn about college life, or as someone to just hang out with?)

What kind of person would you like your mentor to be? (A good listener, active in sports, etc.)

What are three words that would best describe you? _____

Please describe three things that you are good at: _____

Is there anything that you would change about yourself?

What clubs, activities, or sports are you in now? How much of your time do these activities take up?

What kind of activities would you like to do with the Youth Mentoring Programs?

Is there anything else that you would like to describe about yourself that may help us find the best mentor for you?

We will do our best to match you with a mentor who has similar interests and whom we think will be a good role model for the upcoming year. Initially, you should meet with your mentor for 1-3 hours a week and try to attend the group activities each month that the YMP or **Omega Psi Phi Omega Psi Phi** sponsors. Your mentor will let you know the times and dates of these events. In order to gain the most from the program, you need to make an effort just like the mentor. Please answer the following questions:

1. Will you try your best to meet with your mentor on a regular basis? Circle: Yes or No
2. Will you try your best to attend every monthly group event? Circle: Yes or No

Signature: _____ Date: _____

Time Schedule

Please use a pen or marker and color in the spaces that you are busy. Leave the spaces open when you are free. This way we can match you with a mentor with the same schedule. Have a parent or guardian help you with this part.

Example: I have school until 3:00 pm every day. I also have basketball practice Tuesday and Thursday from 4:00-5:00 pm. I have piano lessons on Saturday at 10:00-11:00 am.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10AM		/	/	/	/	/	/
11AM		/	/	/	/	/	/
Noon		/	/	/	/	/	/
1PM		/	/	/	/	/	/
2PM		/	/	/	/	/	/
3PM							
4PM			/		/		
5PM							
6PM							

Now fill out your schedule:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10AM							
11AM							
Noon							
1PM							
2PM							
3PM							
4PM							
5PM							
6PM							

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PO Box 581049
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Tri Iota Youth Mentoring Programs

PARENT/GUARDIAN CONSENT AND LIABILITY RELEASE FORM

I, _____, give my consent for the Tri Iota Youth Mentoring Programs to match my son, _____, with a student attending the University of Utah, Westminster University, or Weber State University, and **Omegas** and other professional men in the community. I will also give consent for my son to participate in all Youth Mentoring Programs activities; including all organized activities and transportation. In consideration of the advantages of participation in the Youth Mentoring Programs, the undersigned agrees that the **Omega Psi Phi Fraternity, Inc.**, its agents, and its volunteers shall be released and exempt from any liability for damages for bodily injuries or property damages that may occur as a result of participation in the Youth Mentoring Programs, except to the extent of insurance liability as provided by law.

Signature _____ Date _____

Print Name _____ Relationship to Child _____

Address _____ City _____ Zip _____

Home Phone Number _____ Mobile/Pager Phone Number _____ Work Phone Number _____

Email Address _____ Language Spoken by Parent/Guardian _____

Emergency Contact and Phone(s)

Will you be able to help with transportation of your son to meet with the mentor? Yes or No

On a scale of 1 to 5 (1 being the least and 5 being the most) how involved will you be in this program?
UNINVOLVED 1 2 3 4 5 VERY INVOLVED

Please write here why you think your son would benefit from the program and list anything of interest, i.e. special needs or concerns: _____

Omega Psi Phi Fraternity, Inc.
Iota Iota Iota Chapter
STUDENT HEALTH HISTORY RECORD

To the parent/guardian:

The health of the student is primarily the responsibility of his parents or guardians. The Iota Iota Iota Chapter strongly recommends annual health examinations, dental checkups, and immunizations against preventable diseases. Our policy on health and safety implies a responsibility to the participants for their protection. It also implies the right of the organization to be assured, as far as possible, that the participants are physically able to take part in activities.

Student's Full Name: _____

Student's Full Address: _____

Phone Number: _____

Student's Birthdate: _____

Parent/Guardian's Full Name: _____

Family Physician's Name: _____

Physician's Phone Number _____

Family Medical/ Hospital Insurance Carrier: _____

Policy/Group Number _____

Part 1: Illnesses and Injuries (*Circle those that apply and give appropriate detail in Part 5*)

Chronic or recurring Illnesses:

Ear Infections	Bleeding/Clotting Disorders	Hypertension	Asthma
Heart Defect/Disease	Musculoskeletal Disorders	Seizures	Diabetes

Other: _____

Were any complicating medical problems noted in last health exam? If yes, please describe

If your child needs any medications while at this event, please indicate the medicine, dosage and times to be given in space provided below (part 6). All medications must be in their original containers. Your signature here authorizes the adult in charge to administer such medications as indicated.

Parent/Guardian Signature: _____ Date: _____

Part 2: Allergies (*Place an "x" next to all that apply and specify nature of allergic reaction.*)

Animals _____ Hay Fever _____
Pollen _____ Food _____
Drugs _____ Insect Stings _____
Plants _____ Other (*specify*) _____

Part 3: Immunizations

Are all of the Student's immunizations up to date?
Yes _____ No _____ (*If not, please explain in Part 5*)

Date of last: DPT _____
Tetanus _____

Part 4: Other Health Conditions: (*Check those that apply*)

Bed Wetting _____ Emotional Disturbance _____
Fainting _____ Hearing Impairment _____
Constipation _____ Dental Appliances _____
Nosebleeds _____ Sleep Disturbances _____
Motion Sickness _____ Special Dietary Needs _____
Wears glasses or contacts _____ Menstrual Cramps _____
Sickle Cell Trait or Disease _____

Other (*specify*) _____

Part 5: Notes (*Please explain any items that are noted in previous sections. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also indicate any activities to be restricted.*)

Part 6: Medication Directions: **Please give detailed directions for any medications to be given to your child. Include dosage and times.**

*
*
*
*
*
*

I know of no reason(s) other than the information on this form, why my son should not participate in activities.

Parent/Guardian Signature: _____

PARENT AUTHORIZATION FOR MEDICAL EMERGENCY TREATMENT *(Sign ONE section only)*

In case of medical emergency, I understand every effort will be made to contact parents or guardian of the child. In the event I cannot be reached, I hereby give permission to the physician selected by authorized representative(s) of Iota Iota Iota Chapter to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

Student's Name _____

Parent/Guardian Signature _____

Address _____

Phone _____ Date _____

(Sign only if you decline to sign release above)

I have been offered the opportunity to authorize emergency medical care as set forth (above) and decline to authorize said emergency medical care without my approval and accept such complications as may occur should said medical care be needed and unavailable due to my being unavailable to provide the same.

Student's Name _____

Parent/Guardian Signature _____

Address _____

Phone _____ Date _____



******PLEASE RETURN WITH MENTEE APPLICATION******

Important Information for Becoming a Mentee

What is the purpose of the program?

The Youth Mentoring Programs are designed to give your son an opportunity to have a one-on-one relationship with an undergraduate or graduate student or a professional member of our community. Through these relationships, as well as recreational and group activities, mentors provide friendship, support, and guidance to your son. The mentors are there to act as a positive role model and confidant.

Can my son be tutored by his mentor?

The Youth Mentoring Programs is not a tutoring program. While sometimes pairs decide together to work on schoolwork, this is not a requirement for the mentors. There are many other programs that focus on tutoring if you feel that your son needs academic support. The Youth Mentoring Programs focuses on fostering lasting and meaningful relationships between the mentor and mentee rather than concentrating just on academics.

What about transportation?

It is the responsibility of each mentor-mentee pair to decide on a transportation plan that will work for them. Please be aware that some mentors in the Youth Mentoring Programs do not have cars. If the mentor does have a car and is willing to drive your son, you will need to fill out a waiver form. If the mentor does not have a car and you cannot help with the transportation of your son, we often recommend that the mentor and mentee try to meet at a location that would be a midpoint and convenient for both. There is also a parent carpool list that parents can be placed on if they are interested in coordinating carpools to events with other parents whose children are in the program. Please contact us if you would like to be added and receive a copy of this roster.

Who are the mentors and why do they want to be a part of the program?

Mentors are students and professional men from a variety of different backgrounds. They have been interviewed, trained, had their references checked, and carefully matched with middle school and high school students. Mentors have a variety of motivations for getting involved with the program. However, all mentors want to be a positive role model in a child's life.

When will my son meet with their mentor? What kinds of activities will they do together?

Meetings will be at a day and time convenient to you, your son, and the mentor. There is no scheduled location or activity for the meetings. Rather, mentors will call your son to set up plans for the week. Activities range from going to the library, to visiting a local university campus, to seeing movies, or going on hikes together. All activities are agreed upon by you, your son, and the mentor.

The only events that are pre-arranged are monthly or weekly events that we hold at the Calvary Baptist Church or the University of Utah. These events typically take place on Friday evenings or

Saturday morning and/or afternoons. You will be informed of these events by your son's mentor, as well as by mailings that we will send out the week prior to the event.

What should I do if my son cannot attend a meeting or event with their mentor?

Have your son call his mentor and reschedule the meeting to a time that is more convenient for both their schedules. Be sure to keep the phone numbers of the mentor handy so that you or your son can call them when needed. If you cannot reach the mentor, please call the Dr. William A. Smith at (801) 718-8835 and leave a message.

What if family plans conflict with a meeting?

The mentor should compliment or add to family opportunities. Time with the mentor is not intended to displace time with the family. You should continue your normal family plans. The mentor and your son should plan their time together around your family's normal schedule as much as possible. It may help to let your son and their mentor know about planned family events in advance to help avoid conflicts.

Can other family members or I go with my son and the mentor?

A mentoring relationship is special in part because it is a one-on-one relationship. Even teens that feel very close to their parents sometimes need to talk with friends outside of the family. The mentor is an adult friend with whom your son can talk about things that concern him. Please respect their private time together. Moreover, mentors are not baby-sitters and cannot be responsible for anyone except their mentee.

The mentor and your son will inform you about their plans each week. If at any time you are uncomfortable with their plans, please let us know. Mentors will be sensitive to you parental concerns and will try to find an arrangement that is acceptable to you.

How can I be sure that the mentor will support my rules and regulations?

In the beginning, you should talk to the mentor about any rules or regulations that you expect to arise in his relationship with your son. If you have strict rules about curfew, activities in which your son may not participate, etc. then please discuss these with the mentor. By making this information known at the beginning, you can help avoid misunderstandings later.

What if the mentor says things with which I do not agree?

No matter how carefully we match mentors and mentees, you may find that some areas of your beliefs and ideas differ with those of the mentor's. If there are important issues to you, please let the mentor know. You can request that the mentor NOT question your most important beliefs or values when with your son.

Who will pay for activities of the mentor and my son?

Mentors and mentees always pay for their own expenses. If there is a cost for an activity, then you or your son will be responsible for the youth's fair share. Many monthly events that we participate in at Calvary Baptist Church are cost-free; we also provide the mentors with many low-cost or no-cost activity suggestions. As with any friend, mentors may treat your son occasionally, but it should not be expected on a regular basis.

How often should I be in contact with the mentor and how much should I say about family problems/ concerns?

Get to know the mentor well enough to feel comfortable with him being with you son. Before each meeting, discuss the plans and times for returning home. Try talking directly to the mentor about

your concerns, but please avoid talking to the mentor about your son in front of your son. If there is something the mentor should really know, then call him when your son is not around.

What if there are concerns or questions I don't want to discuss with the mentor?

Please feel free to contact Dr. William Smith by phone at (801) 718-8835 or email at TauThetaQue84@gmail.com. We are here to make the Youth Mentoring Programs work for students, mentors, and parents. A Steering Committee member will call you several times during the school year to see how things are going. But don't wait for him to call! We would like to know about anything that concerns you as soon as possible.

