

Mentorship Program Application 2020-2021 MENTEE

Thank you for your interest in the Spence-Chapin Mentorship Program!

Founded in 2005, the Spence-Chapin Mentorship Program provides an open and safe space for adoptees ages 11-18 years old to connect with older adoptees ages 21+ through various activities and events within the calendar school year. Our program is rooted in fun, through events focused on the conversation of adoption, we allow for mentees to learn from the mentors, share their experiences with one another and meet their adopted peers.

Our program functions as a group mentorship program, on average we have 12-16 mentees and mentors at a time. A group mentorship program allows everyone in the group a chance to meet and make individual connections at each event throughout the year. Due to the COVID-19 pandemic, our events are presently all virtual for the fall semester that starts in September and ends in January; we plan to have in-person events starting in the Spring. Parents also will have their own virtual group that meets four times over the semester.

All our mentors are trained and screened by Spence-Chapin staff.

Once your application is received and reviewed, the program leader will call to set up an in-person family interview here at our offices.



Mentorship Program Application 2020-2021 MENTEE

By Email: mentorship@spence-chapin.org

By Mail: Spence Chapin

410 E. 92nd Street New York, NY 10128 Attn: Jessica M. Luciere

Full Name of Child:	D.O.B	
Child's Preferred Pronouns:		
Full Name of Parent 1:	cell#	
Parent 1 Email:		
Full Name of Parent 2 (if applicable) _	cell	#
Parent 2 (if applicable) Email :		
Address:		
Home Phone #		
Apt: City:	State: Zip:	
Grade youth is currently in:		
Child's place of birth:		
Child's age when adopted:		



Full Name of Child:					
THE FOLLOWING SECTIONS SHOULD BE COMPLETED BY A PARENT:					
Application Questions – please use a separate sheet as needed					
 Please tell us about your child's personality, including the strengths and challenges they experience socially and behaviorally (at home and in school). 					
2. How do you think your child will benefit from the Mentorship Program?					
 Has your child ever expressed an interest in finding a mentorship or community- 					
based group that focuses on adoption?					
4. What do you want your child to get out of this program?					

5. Is there anything else you would like us to know about your child?



Adoption/Family Background – please use a separate sheet as needed.

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6.	Please briefly tell us about your child's adoption. At what age were they adopted, and from what state or country?
7.	Please tell us who is in your family. Include any recent family changes (divorce, birth, death, move, etc.). When listing children, please indicate if they are biological or adopted.
8.	What is your child's understanding of their adoption story and identity? Are they comfortable speaking about adoption with others?
9.	Have you or your child had contact with their biological family, either previous or ongoing? Please explain.
10.	Please describe how your family talks about and incorporates adoption. Include any adoption-focused trips, programs, camps, etc. that your family has been a part of.



Medical History – please use a separate sheet as needed. This information will be kept confidential and is being collected to help is in planning appropriate snacks, meals and activities when in-person events can resume; due to the COVID-19 pandemic all events for the Fall Semester (September 2020-January 2021) are being held virtually.

11. Does your child have any physical limitations or are they treatment for any medical conditions or other challenges	-	ving
	No	Yes
If yes, please explain:		
12. Is your child currently on any type of medication?	No	Yes
If yes, please explain:		
13. Does your child have any allergies or adverse reactions t		
If yes, please explain:	No	Yes
14. Does your child have any emotional issues or considerat	ions?	
If yes, please explain:	No	Yes
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15. Is your child currently se	eing a counselor or therapist, or have	they in the past?
If yes, please explain:		
16. Doos your shild have any	, diotan, roctrictions (include vegetari	an or vogan)?
16. Does your child have any	y dietary restrictions (include vegetari	
If yes, please explain:		ONO O
-	part of this application is true to the e submitting an application, this solely ne Program.	
ignature Parent 1:	Date:	
rint Name:		
ignature Parent 2: f applicable)	Date:	



Print N	lame:
Full Na	ame of Child:
THE)	FOLLOWING SECTION SHOULD BE COMPLETED BY THE MENTEES
1.	Tell us a little bit about yourself.
2.	What are your hobbies and interests?
3.	Do you enjoy meeting new people and making new friends?



4.	Do you feel comfortable speaking about your adoption with others? If so, with whom?
5.	How often do you think about your adoption identity? Not at all?
6.	Do you know any other kids or adults who are adopted?
7.	What do you hope to get out of participating in the Mentorship Program?
8.	Is there anything else about yourself that you would like us to know?