



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.



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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: _____

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 currently receiving treatment for any medical conditions or other challenges?

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 to medications?

No Yes

If yes, please explain:

14. Does your child have any emotional issues or considerations?

No Yes

If yes, please explain:

15. Is your child currently seeing a counselor or therapist, or have they in the past?
 No Yes

If yes, please explain:

16. Does your child have any dietary restrictions (include vegetarian or vegan)?
 No Yes

If yes, please explain:

All the information provided as part of this application is true to the extent of my knowledge. I understand that by submitting an application, this solely does not guarantee my child will be accepted into the Program.

Signature Parent 1: _____ Date: _____

Print Name: _____

Signature Parent 2: _____ Date: _____
(If applicable)

