

Mentee Mentorship Program Application Spring Semester 2021

Please submit your completed application by mail or email to:

Jessica M. Luciere, Community Liaison
410 East 92nd Street, 3rd Floor | New York, NY 10128

jluciere@spence-chapin.org

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. Currently our program is virtual due to COVID 19 for the 2020-2021 Mentorship year. We host a discussion once a month on Wednesday night for the kids group and have formulated another group that meets one Thursday of the month for adoptive parents only. In both groups we discuss topics surrounding adoption, and the adoptee, and adoptive parent experiences, while also incorporating fun activities to bond our group.

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

By Email: jluciere@spence-chapin.org

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

Full Name of Child: _____ D.O.B. _____

Childs Preferred Pronouns: _____

Full Name of Parent 1: _____ cell# _____

Parent 1 Email: _____

Full Name of Parent 1 _____ cell# _____

Parent 2 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

1. 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?
3. 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.

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.

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: _____ Date: _____

Print Name: _____

Full Name of Child: _____

THE FOLLOWING SECTION SHOULD BE COMPLETED BY THE MENTEE:

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?