



So, you want to be connected with a LGBTQ+ mentor?

First, we want to thank you for your interest in becoming a part of this community, and for reaching out to us. We are very excited to get to know you and learn more about why you want to be a mentee. To begin our screening process, we ask that you fill out the below forms. We will be in touch with next steps as soon as possible!

If at any point you have any questions or need clarification, please reach out to us at mentoring@gsalink.org

Mission Statement

The mission of the Linked Mentoring Program is to help to develop trusting, supportive, and mutually positive connections between LGBTQ+ youth and adults. The youth who participate in the Linked Mentoring Program's voices, wants, and needs will be centered, as we encourage our mentors and mentees to have an active and integral role in steering and shaping this program.

Vision Statement

The Linked Mentoring Program envisions a community in which every youth experiences nurturing one-to-one relationships and community support, through co-creating brave spaces where adults and youth can support and empower each other to be their most authentic selves.



Guidelines for Participation

Name*: _____

Pronouns (if comfortable): _____

Date: _____

By choosing to participate in the Linked Mentoring Program, I agree to:

- Have a signed Linked Parent/Guardian Consent form
- Follow all guidelines outlined by the program staff, program policies, and this contract (/and ask a member of the program staff to clarify any of these policies or guidelines if necessary)
- Complete the mentee training required of me, to learn about what it means to be a mentee
- Be respectful of my mentor and their time
- Make a one-year long commitment to being matched with my mentor
- Virtually meet at least four hours per month (weekly contact) with my mentor
- Participate in a closure process when that time comes
- Notify the program staff should I have questions, need help with my match, or have suggestions to the program
- Notify program staff if I have any changes in contact information

_____ (please initial) I understand that upon match closure, future contact with my mentor is beyond the scope of the Linked Mentoring Program and may happen only by mutual consensus of the mentor and the mentee.

By signing, I agree to follow all the above guidelines of this program.

Mentee Printed Name

Date

Mentee Signature



Participant Information

Participant's Full Legal Name: _____

School: _____

Grade: _____

Age: _____

Birthday: _____

Primary Contact: _____

Parent / Guardian Information

Guardian's Name: _____ Relationship: _____ Street

Address: _____

City, State _____ Zip Code: _____

Home Phone: _____ Cell: _____ Email Address

(optional): _____

Best way to contact: Home Phone / Cell Phone / Email

Emergency Contact Information

Contact's Name: _____ Relationship: _____ Street

Address: _____

City, State _____ Zip Code: _____

Home Phone: _____ Cell: _____ Email Address

(optional): _____

Best way to contact: Home Phone / Cell Phone / Email

Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

Does your child have any accessibility needs, disabilities, health/medical concerns, allergies, etc. that we should know about?

***For the rest of this form, use whatever name you would like us to use for you (if different from your legal name!)**



Mentee Interest Form

Name: _____

Personal email: _____

Phone number (optional): _____

Please complete the following questions honestly and with as much detail as possible. This survey will help the Linked Mentoring program staff to know more about you and your interests, and ultimately be able to better match you with a mentor.

Demographic Information

** Note. You do not have to provide any of the following information if you do not feel comfortable doing so. In full transparency, we use this information as a part of our evaluation process when applying for grants and to better the program, so it is only the program staff who see it alongside your name. Let us know if you have any questions or concerns*

Age: _____

Race/Ethnicity: _____

Disabilities/Neurodivergence: _____

Gender Identity: _____

Sexual/Romantic Orientation: _____

Religion/Spirituality: _____

Questions

What, if any, specific identities would you like the person you're paired with to share? (i.e. ability, age, religion, ethnicity, gender, sexual/romantic orientation, etc.)

What age range would you like your mentor to be in?

(circle all that you would be comfortable with)

18 - 22 / 23 - 30 / 30 + / no preference



Would you like to be involved in Linked Mentoring in other ways?

(things you could possibly do: planning virtual events, making art that we could post to social media, helping to manage social media accounts -- TikTok, Instagram, and more!)

Yes / No / Maybe

Email to contact you if so: _____

If we didn't include something above that you would like to do, feel free to share ideas with us when we contact you-- we want to hear your input!

What do you hope to gain from this program?

What are some of your favorite things that you like to do with other people?

What are your favorite things to learn about?

What is one goal you have for the future?

How would you describe your ideal day-off?

If you could learn something new, what would it be?



Please list any other strong areas of interest:

Do you have any concerns or worries about joining Linked Mentoring or being a mentee? If so, what are they?

Do you have any questions about GSA Link or Linked Mentoring?



Guardian Consent Form

I, the parent or legal guardian for _____ hereby give my permission for my child to participate in the virtual Linked Mentoring Program. I fully understand that the program involves mentors, who shall be adults over the age of 18, and will be interviewed, screened (including a criminal background check) and trained before beginning in the program. I understand that the program is planned to last for one year and continuation may then be discussed.

I understand that I play an important role in assisting the development of this relationship, but must allow my child to develop the relationship on their own. While the meetings are meant to take place between just the mentee and mentor, your support can help to improve upon and prolong the match, resulting in more positive outcomes for your child.

Examples of your roles:

- Setting expectations of behavior for your child when they attend the meetings
- Encouraging your child to fully engage with the program (in meetings, the Discord, community events, etc.)
- Giving the mentor some insight into your child's interests, hobbies, etc.
- Assisting with the scheduling of meetings

I understand that this program will take place entirely online for the year unless otherwise notified at least two weeks in advance, and that my child will be using video chat to contact their mentor. I understand that during the course of the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned once deemed safe by program staff and health guidelines. I understand that the staff of the Linked Mentoring program will provide ongoing monitoring of the mentoring activities. I permit the Linked Mentoring Program staff to utilize photographs of my child taken during their involvement in the mentoring program and waive all rights of compensation.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date



Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration of participation and engagement with the Linked Mentoring Program, I hereby agree as follows:

- 1) TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against Linked Mentoring, their directors, officers, employees, agents or representatives (all of whom are referred to as “the releasees”)
- 2) TO RELEASE THE RELEASEES from any and all liability for any loss, damage, physical or mental injury, expenses or medical attention that “I”, my next of kin or any and all guests may suffer as a result of my participation in any activity provided, funded, associated or sponsored by Linked Mentoring due to any cause whatsoever, including and associated with wildlife, weather, firearms or negligence on the part of any releasees.
- 3) TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for damage to property of or personal injury to any third party resulting from my participation in any activity provided, funded, associated or sponsored by Linked Mentoring.
- 4) That this agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of my death.

I have read and understand this agreement, and I am aware, that by signing this binding agreement that I am waiving certain legal rights in which I, my heir, next of kin, executors, administrators, and assigns may have against the releasees.

Mentee’s Printed Name

Mentee Signature

Guardian’s Printed Name

Guardian’s Signature

Date



Linked Mentoring Photo and Video Release Form

I give permission for the use of photos and/or video taken of me, _____, to be published for promotional and/or other purposes (i.e. the website, social media, brochures, etc.) associated with Linked Mentoring.

I do not give permission for photos and/or video of me, _____, to be used for promotional and/or other purposes.

Parent/Legal Guardian Printed Name

Date

Parent/Legal Guardian Signature

Mentee's Printed Name

Mentee's Signature

