

# UFM Teen Mentoring Program

Parent and Student Information Guide



## **The Mentor Program:**

The Teen Mentoring Program is an after school program that connects middle and high school aged students with college students from Kansas State. Our program fosters a community atmosphere where students can build friendships, gain insights from the college mentors, and participate in recreational or artistic activities. The mentors and students meet once a week after school until 5:00 p.m. at UFM Community Learning Center, 1221 Thurston St. High school students will meet on Tuesdays while middle school students are split between Mondays and Thursdays. Weekly meetings discuss topics oriented towards teaching students positive life skills, including stress management, communication skills, self esteem, and alcohol and drug use prevention. Every topic is addressed with a chance for discussion and a group activity such as painting, relay races, or puzzles. Recreation days designed to build group relationships are also planned regularly throughout the semester. For example, we go on trips to City Park and the Pumpkin Patch.

## **Our Approach**

The vision behind our program is to implement the power of a positive example. Our mentors set an example that our students want to follow. We ask the mentors to share their life as a model to follow; therefore, they participate in the discussions and activities to encourage student involvement. When our mentors open up and share their struggles, students do the same, creating increased vulnerability in our students. Through these discussions, students are able to see how the college students have overcome difficulties that many students are battling in their own lives. Students seek to learn the strategies our mentors used and adopt them in their own life. Seeing positive, joyful examples calls them higher than the life they are living. They recognize a better life is out there and it attracts them. The power of an example is a change of perception. Our program calls our students higher through this approach.

## **Volunteer Mentors:**

Volunteer Mentors are recruited from Kansas State University. Each Mentor is screened through an application and background check. Volunteers are asked to provide support, encouragement, and friendship to teens referred to the program. Mentors also transport teens from school to the UFM and home following the group meetings.

## **The Benefits:**

Students and parents alike can attest to the growth students in our program experience. Our mentoring program is completely student oriented. Teens will create their own rules each semester and decide which topics they would like us to cover. In this program, students are able to create friendships and grow in social skills through interacting with their peers. We have also seen an increase in self confidence, vulnerability, resistance skills, and overall happiness. Students thrive in the community atmosphere we have built.

## **To Join:**

Thanks to funding from the City of Manhattan Special Alcohol Fund, we are able to make this program free to all who participate. To become a part of the Teen Mentoring Program, simply fill out the forms attached below and email them Tiffany Pfeifer, program coordinator, at [tiffany@tryufm.org](mailto:tiffany@tryufm.org) or drop them off at the UFM headquarters, 1221 Thurston St. New students are welcomed at any time during the semester. If you have any further questions, please contact Tiffany Pfeifer by email or at 785-639-2006.

## UFM Teen Mentoring Program Student Application

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Year in School: \_\_\_\_\_  
School you attend: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Parent/Guardian Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

Why are you participating in this program?

What special interests, needs or issues should we be aware of?

Other information you would like us to know about you:

**I am aware of the goals and activities provided by this program. I agree to attend meetings and actively participate in mentoring activities. If I cannot attend a meeting, I will contact UFM's Program Coordinator, Tiffany Pfeifer to let her know.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**I give permission for my son/daughter to participate in the UFM Teen Mentoring Program. I agree to assume responsibility on behalf of my child for any risks associated with the program. I grant permission to the mentoring program staff to perform basic first aid, CPR, and to call emergency services or take my child to the hospital in case of an emergency.**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Drug and Alcohol Policy*

The use, possession, and/or intoxication from drugs and alcohol are strictly prohibited in the UFM Teen Mentoring Program. This includes all UFM sponsored activities involving students and mentors. I understand I will be immediately removed from the program, and, if applicable, prosecuted for my actions.

**I \_\_\_\_\_ understand drug and alcohol use, possession and/or intoxication is a zero tolerance issue at the UFM Teen Mentoring Program and I will accept responsibility if my actions defy this rule.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Topic Consent Form*

By signing this form, **I consent to my child covering topics that are serious in nature** such as but not limited to, suicide prevention, anger management, drug and alcohol prevention, stress management, and self-care. **Students have the right to leave the room if a topic that is addressed makes them uncomfortable or is triggering.** In this case, a mentor will spend time with the student debriefing the situation and addressing a more light-hearted topic.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_