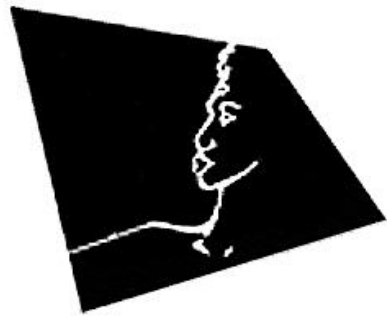


*National Coalition of 100
Black Women, Inc.
Greater Miami Chapter*



N C B W
1 0 0

Just Us Girls Mentoring Program

**National Coalition of 100 Black Women, Inc.
Greater Miami Chapter**

Strengthening our Connection: Celebrating Bold Leadership. Strong Advocacy. Progressive Vision.

P.O. Box 174027
Miami, FL 33017
1-800-658-1292

Email: info@ncbw100miami.org

National Coalition of 100 Black Women, Inc
Greater Miami Chapter

History

In 1970, a small group of women met in New York City, New York to address the problems and opportunities facing Black women in the wake of the Civil Rights and Women's Movements. Calling themselves the Coalition of 100 Black Women, they initiated programs that dealt with the following issues: the crisis of the Black family, career advancement; especially in the corporate sector; and political and economic empowerment.

Through these programs, the women were also to identify and develop their leadership potential and encourage the use of their leadership skills. Their efforts were so successful that on October 24, 1981, the Coalition became the National Coalition of 100 Black Women (NCBW) under leadership of President Jewell Jackson McCabe, a member of several other outstanding public service organizations and a community activist.

Today, the National Coalition of 100 Black Women includes more than 7,000 members from 62 chapters representing twenty-three states and the District of Columbia.

The **Greater Miami Chapter of the National Coalition of 100 Black Women, Inc.** was established in September 1992. The chapter was and continues to be involved in a host of community activities. Like the national chapter, our membership is powerful and diverse.

Our mission is to serve as an advocacy organization. We seek to empower women of African descent through programs and actions, via networking, leadership development, political action, and mentoring young women.

"Just Us Girls" MENTORING PROGRAM

Mission Statement

The mission of the NCBW's Mentoring Program is to empower youth in our community to make positive life choices that enable them to maximize their personal potential.

"Just Us Girls" MENTORING PROGRAM

Vision Statement

NCBW envisions a community in which every youth experiences nurturing one-to-one relationships and community support. This support will allow each of our program participants to develop into their full potential and empower them to make informed, responsible decisions as involved members of our community.

National Coalition of 100 Black Women, Inc.
Greater Miami Chapter



Helping young women make good choices
as they grow to become healthy, well-adjusted teens & adults.

Our comprehensive program
will focus on
building self-esteem, assessing interests & values,
career awareness, educational goals,
& coping with challenging social issues.

The NCBW “*Just Us Girls*” Mentoring Program offers one-on-one and group sessions promoting personal development, academic success skills and career focus for youth and adolescent girls, ages 12 to 18.

Program Term:

- January 2010 – June 2010; July 2010 - December 2010

Location:

- Carrie Meek Center at Hadley Park
1350 NW 50th Street
Miami, FL 33142

Participants:

- Approximately 20 – 30 girls between the ages of 12 and 18

Session Duration:

“Just Us Girls”: mentoring program will consist of monthly sessions held on the third Saturday of the month, beginning at 9:00am. Sessions typically last approximately 3 hours and feature a guest speaker with a new discussion topic each month.

Session Outline:

- Sessions will be facilitated in three blocks:
 - Refreshments: Continental Breakfast (15 min)
 - Block #1: Introduction of speaker and topic for the day (45 min.)
 - Break: (15 min)
 - Block #2: Group activity and/or small group discussion (1 hour)
 - Block #3: Large group discussion and closure (45 min.)

Important Dates:

- January 9, 2010: Informational
- December 2010: “Just Us Girls” Holiday/Closing Ceremony

NCBW’s Contacts:

Michele Y. Paramore – Program Coordinator/ President
Renée T. Fletcher
Karen Grace
Carolyn Hudson
Joeletta Ivey

National Coalition of 100 Black Women, Inc.
Greater Miami Chapter
Women of African Descent: Expressing Grace, Wisdom, & Strength
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“Just Us Girls”
Mentoring Program

Calendar Meeting Dates

2010

Meeting Date	Session
TRACK 1	
January 9	One
February 20	Two
March 20	Three
April 18	Four
May 15	Five
June 19	Six
TRACK 2	
July 17	One
August 21	Two
September 18	Three
October 16	Four
November 20	Five
December 18	Six

Additionally, they may attend cultural events, which are not listed on the calendar.

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Greater Miami Chapter



Application

(To Be Completed by the Parent/Guardian)

Personal Information

Youth's Name: _____ Date: _____

Parent/Guardian Name: _____

Relationship to Youth: Mother ____ Father ____ Other, specify: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email address: _____

Date of Birth ____/____/____ Age: _____ Shirt Size: _____

Name of School: _____ Grade: _____

Emergency Contact Name: _____ Phone Number: _____

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

PLEASE ATTACH A PHOTOGRAPH OF THE YOUTH

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you think it would benefit your child to participate in a mentoring program?
2. Briefly describe your expectations for the Just Us Girls Mentoring Program:
3. Describe your child's school performance including grades, homework, attendance, behaviors, etc.:
4. Does your child have friends? Please describe her friendships.
5. Is your child currently having any problems either at home or school?
6. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.
7. Can you provide any additional background information that may be helpful to NCBW in matching your daughter with an appropriate mentor?

Medical History

Name of Primary Care Physician: _____ Phone No.: _____

Medical Insurance Provider: _____

Policy Number: _____ Phone No.: _____

Does your daughter have any physical problems or limitations? _____

Is your daughter currently receiving treatment for any medical issues? _____

Is she currently on any type of medication? If so, please specify. _____

Does your daughter have any known allergies or adverse reactions to medications? If yes, please describe them below: _____

Does your daughter have any current emotional issues or problems? _____

Is your daughter currently seeing a counselor or therapist? _____

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Mentee Interest Survey

(To Be Completed by Youth)

Please complete all the following. This survey will help the “*Just Us Girls*” Mentoring Program coordinators know more about you and your interests.

Do you speak any languages other than English? If so, which languages?

What are your favorite after school activities?

What are your favorite subjects in school?

If you could learn about a job/career, what would it be?

What is your favorite book and why?

Name one goal you have set for the future?

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

Who do you most admire and why?

Describe your ideal Saturday.

Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

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Student Referral

(For Use by School and Other Community Agency Staff)

Youth Name: _____

Age: _____

Grade: _____

School: _____

Requested by: _____

Position: _____ Phone Number: _____

The student is being referred for assistance in the following areas (check all that apply):

<input type="checkbox"/>	Academic Issues	<input type="checkbox"/>	Behavioral Issues	<input type="checkbox"/>	Delinquency	<input type="checkbox"/>	Vocational Training
<input type="checkbox"/>	Self-Esteem	<input type="checkbox"/>	Study Habits	<input type="checkbox"/>	Social Skills	<input type="checkbox"/>	Peer Relationships
<input type="checkbox"/>	Family Issues	<input type="checkbox"/>	Special Needs	<input type="checkbox"/>	Attitude	<input type="checkbox"/>	

Other, specify:

Why do you feel this student would benefit by participating in the Just Us Girls program?

What particular interests, either in school or out, does the student have?

What strategies/learning models might be effective for a mentor working with this student?

On a scale of 1–10 (10 being highest) rate the student's level of:

_____ Academic performance

_____ Social skills

_____ Self-esteem

_____ Family support

_____ Communication skills

_____ Attitude about school/education

_____ Peer relations

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Parent/Guardian Notification Letter

Date: _____

To the Parent(s)/Guardian(s) of: _____

Your daughter has been referred to participate in the “*Just Us Girls*” Mentoring Program, which will be facilitated by the National Coalition of 100 Black Women, Inc, Greater Miami Chapter. The mentor role is that of a friend, coach, and guide. All mentors are members of the Coalition and we will be meeting with your daughter, as well as other girls from the community, once a month for a year.

We hope that you will grant permission for your daughter to participate in the program. The National Coalition of 100 Black Women, Inc. will offer our support and guidance to ensure a successful year.

Please read and fill out the program brochure, application, contact sheet, information release, and student interest survey. We encourage you to have your daughter help complete the application materials. If you have any questions, please feel free to contact us.

We look forward to hearing from you.

Sincerely,

Michele Y. Paramore

Michele Y. Paramore

Program Coordinator/Chapter President

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Women of African Descent: Expressing Grace, Wisdom, & Strength

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AUTHORIZATION TO PARTICIPATE

Please read carefully before signing:

Print Student's Name

"Just Us Girls" Mentoring Program appreciates you and your child's interest in joining our program. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their daughter to participate in the *"Just Us Girls"* Mentoring Program.

After reviewing all completed applications, we will advise you, in writing, as to whether or not your child has been accepted into the mentoring program. Much of the information you supply in this application packet will be used for emergency purposes only. Therefore, the mentoring staff may, at times, need to access and share this information with prospective mentors and other parties when it is in the best interest of the student.

Please initial each of the following:

_____ I give my informed consent and permission for my child to participate in the *"Just Us Girls"* Mentoring Program and its related activities, as well as, discussion forums, which will include but are not limited to topics such as Pre-Teen & Teenage Pressures, HIV/AIDS and Teen Pregnancy.

_____ I agree to have my child follow all mentoring program guidelines and understand that any violation on my child's part may result in suspension and/or termination from the mentoring program.

_____ I hereby acknowledge that my child may be transported by mentors and/or the members of National Coalition of 100 Black Women, Inc., or their representatives, while participating in the *"Just Us Girls"* Mentoring Program, and that such transportation is voluntary and at our own risk.

_____ I release the National Coalition of 100 Black Women's *"Just Us Girls"* Mentoring Program of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from her participation in the program, including but not limited to transportation, and hold harmless any of the National Coalition of 100 Black Women's mentors, members, or other representatives, both

collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ (optional) I agree to allow the National Coalition of 100 Black Women, Inc. to use any photographic image of my child taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Contact and Information Release Form
- Interest Survey Form

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Student's Printed Name/Signature

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Return to:

Mentoring Program Coordinator
National Coalition of 100 Black Women, Inc.
Greater Miami Chapter
P. O. Box 174027
Miami, FL 33017