



The Albert G.
Oliver Program
REACHING KIDS WHO REACH HIGHER

THE OLIVER MENTORING PROGRAM



OLIVER MENTOR EXPECTATIONS

Mentors are expected to provide Oliver Scholars with **support, encouragement, guidance, career advice, and personal counseling**. As an adult role model, each mentor shares his/her unique perspective and experiences with his/her mentee to help that student achieve his/her full potential. In order to understand the unique population of Oliver students who will be mentored, it is imperative that potential mentors read the attached Needs Assessment carefully.

Mentor Duties and Responsibilities:

1. Mentors must participate in all necessary training sessions and meetings. At least one training session and two mentor/mentee meeting are mandatory.
2. While many mentors serve for longer than a year, the minimum expectation of a volunteer mentor is one full year from the initial start date of the mentor/mentee match.
3. On average the time commitment of a mentor is 4-6 hours a month with mentee (via in-person, phone, and/or email). Depending on whether or not the mentee is in school, this average time may fluctuate throughout the year, but the mentor must be consistent with regular contact.
4. Mentors and mentees should feel free to exchange ideas and inexpensive to modest gifts, as well as participate in fun one-on-one activities on their own. Gifts should not exceed \$50. Mentee's parent should approve all one-on-one activities.
5. Mentors are responsible for completing mentor/mentee contract, bi-monthly updates on mentor/mentee relationship, year-end evaluation, and any other required paperwork. These documents help inform staff on how a match is progressing (i.e. match is working, not working, or there is a major concern).
6. Oliver typically has 3-4 events throughout the year (i.e. Recognition Ceremony, Oliver Picnic, Community Service Day, Holiday Party, etc.). At least one Oliver event is mandatory. This requirement is different than the training sessions and meetings.

7. Mentors must notify staff of any extenuating circumstances that interfere with performing Mentor duties.



The Oliver Mentoring Program NEEDS ASSESSMENT

For the Oliver Mentoring Program, areas of needs were identified that are unique to the population we serve, the current Black and Latino Scholars attending our consortium of independent day and boarding schools. While having needs similar to any youth/youth of color, in terms of mentoring, these high-achieving students also have unique needs that arise out of their specific situations. “Without the provision of a continuum of care to support students as they encounter and navigate through such realities [in Independent School], Black and Latino students are likely to fail, either through pre-graduation attrition or underperformance”(AGO Needs Assessment).

1. Students often have a difficult time adjusting to a school that is socially, racially, and economically different than their local schools of origin: that adjustment in itself proves to be a struggle and challenge. Feelings of **alienation, homesickness**, and a sense of **not belonging** become part of the struggle to succeed and survive in the elite independent school atmosphere. These feelings become an impediment to a student’s well-being, success and sense of self-worth.
2. Much of the attrition and unhappiness of the students’ experience is due to lack of understanding of their social experience and psychological pressures by the school community. Students experience **insensitivity, or sometimes, over sensitivity to issues of race and class**. In either case, Scholars sometimes feel resentful toward others because they are not **able to express anger or frustration over social issues**.
3. Part of this social adjustment includes **navigating different social situations**-at home and at school. Many students are torn by feelings of being disloyal or cliquish in either setting-this struggle proves particularly challenging in the first few years of high school.
4. Since these are high-achieving scholars and usually the top of their class, Scholars are often unaware of the **academic struggles** they may experience once they enter the independent school environment. Not all students know how to make the adjustment and how to ask for help, or communicate with teachers and learning in a new way (i.e. tutoring, study habits, and/or social understanding of classroom background).
5. Students need someone with whom they can identify and **trust and talk** to about their struggles.
6. Scholars need **role models**: people who have shared their experience, see the long-term benefits, and realized the positive results overcoming struggles and participating in the Oliver Program.

7. Scholars need guidance in terms of **financial aid**-how to find it, and deal with economic abundance and associated and perceived privileges of most of their peers in independent school.



The Oliver Mentoring Program Annual Calendar

July 2008

Mandatory Mentor Training

August 2008

Mentor and Mentee Match

Oliver Gathering

October 2008

Submit Quarter-monthly Update

November 2008

Oliver Community Service Day

December 2008

Mentor and Mentee Match

Oliver Holiday Party

January 2009

Submit Quarter-monthly Update

March 2009

Mentor and Mentee Event

Submit Quarter-monthly Update

June 2009

Oliver Recognition Ceremony

July 2009

Submit Quarter-monthly Update

Submit Year-end Evaluation Form

The Oliver Mentoring Program

Mentoring Application

Confidential Application

Part I

Last Name: _____ First Name: _____

Are you an AGO Alumnus (circle one)? Yes No

Birthday: ____ \ ____ \ ____ Gender: M F

Ethnic/Racial Background: _____

Home Address:

_____ City/State/Zip: _____

Home Phone: _____ Home Fax: _____

Email(s): _____ Mobile Phone: _____

Occupation

Current occupation: _____ Hours of Employment:

Company or School Name:

Title: _____

Work Phone: _____ Work Fax: _____

Work (or school) Address: _____

City/State/Zip: _____

Best time to be contacted: _____

Preferred Phone:

Preferred Mailing Address:

Home

Work

Cell

Home

Work

Education

High School _____ Yr of Graduation ____ Degree ____

If you went to high school in NYC, which borough? _____

College _____ Yr of Graduation ____ Degree ____

Other education

Institution _____ Yr of Graduation ____ Degree _____

Institution _____ Yr of Graduation ____ Degree _____

Last Name: _____

Have you ever been convicted of a crime or are you currently released on bail, or on your own recognizance for any crime?

Yes No

Do you object to our checking with appropriate authorities such as the Department of Justice, Federal Bureau of Investigation and the NY Department of Motor Vehicles for matters of public record regarding your background and history? (Circle *yes* or *no* and initial)

Yes No ____ (Initials)

Please list the names and **complete** addresses and phone numbers of three unrelated references, one of which is a work reference. (References will have known you at least two years and are willing to discuss your character, reputation, and ethics)

1. Ms/Mr _____
Name Address City/State/Zip
Phone

2. Ms/Mr _____
Name Address City/State/Zip
Phone

3. Ms/Mr _____
Name Address City/State/Zip
Phone

4. Ms/Mr _____
Name Address City/State/Zip
Phone

The above information is true to the best of my knowledge, I understand that I am not obligated, if called upon, to perform volunteer services herein applied for, and that the agency is not obligated to assign, or actively seek to assign, a student to the applicant. I further agree to allow the The Oliver Mentoring Program staff to elicit additional pertinent, personal information as part of the matching process.

In the event that I am chosen to mentor a youth, I agree to the commitment and to participate to the best of my ability. I will honor confidential information regarding my student. I will be free of the influence of alcohol or illegal drugs when with students. I will inform The Oliver Mentoring Program of any changes in my address and/or phone numbers. I will inform the appropriate staff in advance should I choose to stop volunteering.

Mentor

Signature _____

Confidential Application

Last Name: _____ First Name: _____

Last Name: _____

Part II

The following are a series of questions designed to find a suitable mentee match for you. Please take your time in answering the next few questions. Also take note that this application is confidential and is for the purpose of making a successful match.

1. Family Information

- a. You are: Single Married Divorced
- b. Spouse Name _____
- c. Religious Affiliation _____
- d. How many children do you have? 0 1 2 3 4 5
- e. What are their names?
- f. What are your spouse's/family's interests?

2. Emergency Contact Information

- a. Contact's Name _____ Relation to you _____
- b. Contact's Phone Number _____

3. Have you worked with young people? If so, please describe.

If so, what agency, city, state, and when?

4. How much time (ie, hours and/or days per month) can you commit to mentoring? (Minimum, or more?)

5. What interests you about mentoring? What do you visualize for the next year as a mentor?

Last Name: _____

6. What are your hobbies, what do you like to do in your free time?

7. What is your sexual orientation (optional)?

8. Are there any teen issues or concerns that you would rather not deal with (if preventable)?

9. Do you anticipate any changes in the next year that may interfere with your ability to meet your commitment as a mentor such as marriage, childbirth, new job, moving? If yes, please explain.

10. Are you bilingual? If so, what languages.

11. Please provide any additional information that you feel would help us match you with a youth.

12. Would you be willing to participate on an Oliver mentor listserv?

Y

N

16. Can we use pictures of you for mentoring materials?

Y

N

Part III

The following are a series of questions designed to determine your preferences. While we can't guarantee all your choices, this will be used as a guide for the purpose of making a successful match. Please take your time in answering the next few questions.

1. What age group do you prefer? (check all that apply)
 - 14 - 15 (Freshmen-Sophomore)
 - 16 - 17 (Junior-Senior)
 - 18+ (Senior-College)
 - No Preference

2. What is your geographical preference of student? (check all that apply)
 - Day School
 - Bronx
 - Manhattan
 - Brooklyn
 - Boarding School
 - New Jersey
 - Upstate New York
 - Pennsylvania
 - Connecticut
 - Massachusetts
 - New Hampshire
 - Virginia
 - No preference

3. What needs could you support? (check all that apply)
 - Academic
 - College Advisement
 - Personal
 - Career Advisement
 - Social
 - Other _____

4. What expertise/skills/development opportunities can you offer? (check all that apply)
 - Leadership (i.e. public speaking, organizing, initiate projects, character development, etc.)
 - College Preparation (i.e. advisement, application process, test preparation, interviewing, etc.)
 - Professional Development (i.e. advising, resume & cover letter writing, interviewing, etc.)
 - Community Service (i.e. field experience, advocacy, organizing, etc.)
 - Counseling (i.e. socio-emotional support, stress management, time management, etc.)
 - Other _____

Comments:



THE OLIVER MENTORING PROGRAM

Applicants must have at least two references.

Confidential Volunteer Reference

1. I have known _____ for _____ years/months.
2. During this time, s/he has been my(circle one)
neighbor/pupil/classmate/friend/employee, other _____ .
3. Dependability is one of the most important traits of a successful mentor. A mentor must be able to keep appointments, make a 1-year commitment to a youth (ages 13-18), and be mature enough to cope with a youth's special needs. Do you feel that this person is capable of making such a commitment to a youth? Please explain.
4. Please comment on the specific and unique characteristics and personality traits that you feel qualify this person to become a mentor.

5. How strongly would you recommend this person?

Very Strongly Strongly With Reservation Do Not Recommend

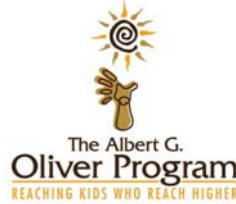
Your Name _____ Date _____

Signature _____ Phone _____

AFTER COMPLETING ENTIRE APPLICATION FAX TO: 212-430-5981.

OR MAIL TO:

**THE OLIVER PROGRAM
C/O MENTORING PROGRAM
80 MAIDEN LANE, SUITE 706
NEW YORK, NY 10038**



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4. Please comment on the specific and unique characteristics and personality traits that you feel qualify this person to become a mentor.
5. How strongly would you recommend this person?

Very Strongly Strongly With Reservation Do Not Recommend

Your Name _____ Date _____

Signature _____ Phone _____

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