



# Girls Mentoring Programs



Leading Ladies of Legacy Inc.  
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Austell, GA 30168  
(404) 889-8626  
[www.leadingladiesoflegacy.org](http://www.leadingladiesoflegacy.org)  
Regina E. Coley, Executive Director

## About Us

*We don't want to just appear capable; we want to be powerful and we want to prove it.*

*Regina E. Coley, Executive Director, Leading Ladies of Legacy Inc.*



Leading Ladies of Legacy Inc. is a non-profit leadership development program serving girls ages 7-18, primarily minority, in the Greater Metro Atlanta area. Leading Ladies of Legacy works with girls to provide academic achievement, college and career training, as well as tools for serving their community. In 2015 Leading Ladies of Legacy is projected to serve 500 girls city wide.

Leading Ladies of Legacy believes that each girl harbors the potential to become leaders of change within their communities. Lack of leadership, lack of seriousness towards education, lack of knowledge, selfishness and loss of standards amongst minority females, is the root of social challenges one of which is producing unproductive citizens. Leading Ladies of Legacy has created three important organizational goals:

1. To increase high school graduation and college acceptance rates among Atlanta's girls of color.
2. To increase the college attendance rate of Atlanta's girls of color
3. To increase career preparation readiness for Atlanta's girls of color

Leading Ladies of Legacy Inc. offers a custom curriculum that focuses on helping girls build leadership skills like self-reflection, critical thinking, sound decision making, goal setting, clear communication and personal accountability. As a result, Leading Ladies of Legacy girls develop a true sense of their personal power and their outcomes are astounding!

## Mission and Vision Statement

Our mission is to train girls to be effective leaders, caring citizens, and self-aware of themselves and their communities.

Our vision is to be a world-class organization that builds girls of confidence and character using their voices and talents to make the world a better place!

## Program Overview

Leading Ladies of Legacy programs are girls-only, safe space gatherings that meet once weekly after school, during school and/or on Saturdays at local schools, community centers, youth serving organizations and our own facilities. A typical group serves 20-25 girls. A typical session features a guided conversation/activity led by one highly trained Adult Program Coordinator. Topics might include school, relationships with family, friends and boys, careers, health or whatever the girls identify as pressing issues for them.

Leading Ladies of Legacy addresses the interconnected issues of poverty, teen pregnancy, violence, and lack of educational attainment at their very roots, by working with girls during the critical pre-teen years, when personal choices that are made can have lifelong consequences. Leading Ladies of Legacy girls build leadership skills and character traits such as honesty, personal accountability, learning to listen to the viewpoints of others, clear communication, critical thinking about life and its choices and sound decision making. Through goal setting our girls work on reaching tangible goals. These skills are essential to success in school, work and life.

Additional program elements include ongoing academic support, annual college tour, community field trips, guest speakers, and many other unique components. We also understand that some habits have already been established by the teen years so we've developed enrichment programs for elementary and middle school girls to prepare them for our signature teen programs.

## The Leading Ladies of Legacy Promise

The girls recite the Leading Ladies of Legacy Promise at each gathering:

*We are Leading Ladies of Legacy and we are operating at our best. All of the girls here are my sisters, each one precious and unique.*

*Leading Ladies of Legacy helps me to:*

- *Believe in myself*
- *Understand that through my voice and talents I can make a difference*
- *Understand others, the community, and myself*
- *Go confidently in the direction of my dreams*
- *Acquire knowledge through new ideas and self exploration*
- *Lay the foundation for my life*
- *Unlock my unique potential*
- *Utilize my intellectual, emotional, and spiritual resources*

*We are powerful girls who achieve our goals and dreams! We won't leave here like we came!*

## Our Values and Beliefs

Leading Ladies of Legacy was founded under four principles.

### Character

*Moral or ethical quality*

*Qualities of honesty, courage or the like*

We are a challenging and supportive group of girls, ladies, and women who are developing character. We lay the foundation for ourselves. Through character development we unlock our unique potential. We learn to utilize our intellectual, emotional, and spiritual resources.

### Education

*Act of acquiring knowledge*

*Developing the powers to judgement and preparing oneself or others intellectually for mature life*

The most important thing we can obtain in this world is knowledge. Knowledge comes in many forms through schooling, reading, talking, and experiencing. We will challenge and expose our members to knowledge and develop inquiry skills.



### Leadership

*Ability to lead, guide or direct*

As a leader we help others to learn just as we have been helped. We ask the best of others just as someone shaped the best in us.

### Service

*An act of helpful activity, help; aid*

“I hear-and I forget  
I see- and I remember  
But I do-and I understand”

The pursuit of destiny requires our true best and our true best cannot be attained without the help of others. Active service helps us to understand others, our community, and ourselves.

## Our Mentoring Groups

### **Little Ladies League (Girls ages 5-9)**

The Little Ladies League is our character development program for our girls. Girls will meet weekly to discover their character through reading, performing arts, and community service. By exploring their world and their place in it, our goal is that girls will develop a greater sense of purpose. The sessions will focus on:

1. Social and Emotional Skills
1. Moral Character
2. Literacy
3. Introduction to the Performing Arts

### **Lovely Ladies League (Middle Schoolers Only)**

Lovely Ladies is a weekly empowerment/mentoring session for our middle school girls. The program is unique from other mentoring programs because it utilizes a group mentoring model. The activities range from workshops and focus groups to social and cultural field trips. The workshops focus on five main areas:

1. Positive Self Identity and Self Esteem
2. Personal Vision and Goals
3. Social and Emotional Skills
4. Moral Character
5. Academic Success and Work Ethic



## LEADING LADIES OF LEGACY INC.

*Atlanta's Unique Non-Profit for Girls and Women*

CHARACTER. EDUCATION. LEADERSHIP. SERVICE.

Thank you for your interest in Leading Ladies of Legacy Inc. Mentoring Programs. This mentoring initiative coordinates a small group relationship for young girls, to provide the support needed to succeed.

Leading Ladies of Legacy, Inc. provides youth with adult mentors who can meet with them for at least one hour per week at our Education Center in Austell, GA. The Mentor's job is to help the young person define individual goals and find ways to achieve those goals. Since the expectations of each child will vary, the job of the mentor is to encourage the positive development of the young girls. By sharing fun activities and conversation, a mentor encourages positive choices and promotes high self-esteem. Some of our programs meet in a small group mentoring setting where one mentor is responsible for a group of 4-5 girls.

**All mentors** complete a formal training and undergo a criminal background check before they are allowed to work with the girls.

In order for your daughter to be considered for this opportunity, I need you to complete the attached Mentee Application and return to your point of contact listed below. If you need further assistance please contact, Regina Coley, Leading Ladies of Legacy Executive Director.

Regina Coley, Director  
2702 Jefferson Street Suite 100  
Austell, GA 30168  
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404.889.8626 (f)  
[rcoley@leadingladiesoflegacy.org](mailto:rcoley@leadingladiesoflegacy.org)



# Mentee Application

**\*\*To be completed by the Parent/Guardian\*\***

## Personal Information

Youth's Name: \_\_\_\_\_ Age: \_\_\_\_ Male( ) Female( ) Date of Birth: \_\_/\_\_/\_\_

Address: \_\_\_\_\_  
Street State Zip Code

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to applicant: Mother ( ) Father ( ) Other, specify: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ Alternate/Cell #: (\_\_\_\_) \_\_\_\_\_

Number of Siblings: \_\_\_\_ (Male(s) \_\_\_\_ Ages \_\_\_\_\_) (Female(s) \_\_\_\_ Ages \_\_\_\_\_)

Ethnicity: ( ) White ( ) Hispanic ( ) African American ( ) Asian ( ) Other \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_ Average GPA or Letter grade: \_\_\_\_

## Emergency Contact Information

*\*\*\*In the event that a parent/guardian cannot be reached, please list person(s) to contact in case of an emergency\*\*\**

_____	_____	(____)
<b>Name</b>	<b>Relationship to applicant</b>	<b>Phone</b>
_____	_____	(____)
<b>Name</b>	<b>Relationship to applicant</b>	<b>Phone:</b>
_____	_____	(____)
<b>Name</b>	<b>Relationship to applicant</b>	<b>Phone</b>

**To be completed by the mentoring organization:**

**Agency Name:** \_\_\_\_\_ **Type of assignment:** \_\_\_\_ **School-based** \_\_\_\_ **Site-based**

**Mentor Name:** \_\_\_\_\_

**Date Assigned:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## Application Questions

(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/ does your child want to participate in Leading Ladies of Legacy? \_\_\_\_\_

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2. Briefly describe your expectations of Leading Ladies of Legacy.

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3. Is your child available to meet with a mentor at least one hour a week/four hours per month and have contact at least once a week for the next three years? Please explain any particular scheduling issues.

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4. Describe your child's school performance, including grades, homework, attendance, behavior, etc:

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5. Does your child have friends? Please describe her friendships. \_\_\_\_\_

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6. Is your child currently having any behavioral or social problems at home or at school? If so, please provide information that may be helpful for us to know as we work with your child.

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7. Is your child currently dealing with any traumatic events (i.e. death in the family, abuse, divorce)? If yes, please provide details. \_\_\_\_\_

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8. Can you provide any additional background information that may be helpful in matching your son/daughter with an appropriate mentor?

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## Mentee Interest Survey

**\*\*To be Completed by Youth\*\***

This survey will help us know more about the child and her interests and help us find a good match. All mentees/mentors meet 1 hour per week and have weekly contact.

**What are the most convenient times for you to meet with your mentor?**

**Please check all that apply.**

Weekdays: \_\_\_\_ Lunchtime: \_\_\_\_ After school: \_\_\_\_ Evenings: \_\_\_\_ Weekends: \_\_\_\_ Other: \_\_\_\_

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

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

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What are your favorite subjects in school?

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

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What are your favorite subjects to read about?

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What is one goal you have set for the future?

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

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What person do you most admire and why?

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Describe your ideal Saturday.

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**Please circle all activities you are interested in:**

Biking Camping Science Cooking Library Sewing Hiking Boating Music Sports Yoga Church Golf Swimming  
Parks Movies Fishing Animals Reading Board Games Shopping Gardening

**List any other areas of special interest:**

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## Mentee Medical History

Name of Primary Care Physician: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_  
Medical Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Insurance Provider's Phone No. : (\_\_\_\_) \_\_\_\_\_

Does your daughter have any physical problems or limitations? ( )No ( )Yes  
If yes, please describe them:

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Is your daughter currently receiving treatment for any medical condition or other challenges? ( )No ( )Yes  
If yes, please explain:

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Is she currently on any type of medication? ( )No ( )Yes  
If yes, please explain:

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Does your daughter have any known allergies or adverse reactions to medications? ( )No ( )Yes  
If yes, please explain:

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Are there any other medical challenges or limitations that we need to know about? ( )No ( )Yes  
If yes, please explain:

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Does your daughter have any emotional issues or problems right now? ( )No ( )Yes  
If yes, please explain:

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Is your daughter currently seeing a counselor or therapist? ( )No ( )Yes  
If yes, please explain:

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Counselor/Therapist's Name: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Mentee Permission and Release Form

\*\*\*To be completed by the Parent/Guardian\*\*\*

**Leading Ladies of Legacy Inc.** appreciates you and your child's interest in her becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their daughter to participate in **Leading Ladies of Legacy Inc.**. After receiving this completed application form, we will evaluate the information and send you a letter letting you know if your child has been accepted into the mentoring project. Much of the information you supply in this application packet will be used to match your child with an appropriate mentor, 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 match. However, we do not reveal names until there is an initial interest from the mentee, parent/guardian, and mentor based first upon anonymous information provided about each other.

### Please initial each of the following:

- I give my informed consent and permission for my child to participate in the **Leading Ladies of Legacy Inc** and its related activities.
- I agree to have my child follow all mentoring project guidelines and understand that any violation on my child's part may result in suspension and/or termination of the mentoring relationship.
- I hereby acknowledge that my child will be not be transported by her mentor but **Leading Ladies of Legacy Inc.** staff or representatives while participating in the program, and that such transportation is voluntary and at her own risk.
- I release the **Leading Ladies of Legacy Inc** staff or its representatives of all liability of injury, death, or other damage to me, my child, family, estate, or heirs that may result from her participation in the project, including but not limited to transportation, and hold harmless any **Leading Ladies of Legacy Inc** mentor, project staff, or its representatives, both collectively and individually, of any injury, physical or emotional.
- I agree to allow **Leading Ladies of Legacy Inc** to use any photographic image or name of my child taken while participating in the mentoring project. 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**
- **Mentee 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.

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

\_\_\_\_\_  
Date

## Mentee Contact and Information Release

**\*\*\*To be completed by the Parent/Guardian\*\*\***

Youth's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

I hereby grant permission for **Leading Ladies of Legacy Inc** to make contact with my child and conduct a personal interview for the purpose of applying to be a mentee. **Leading Ladies of Legacy Inc** may also make contact with my child on school premises for the purpose of screening and interviewing, as well as ongoing support of her participation in the program.

I authorize **Leading Ladies of Legacy Inc** to obtain any needed information regarding my child from her school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff.

Furthermore, I understand that basic information about my child will be anonymously (without names) shared with a prospective mentor(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, myself, my child's identity, and other relevant information will be shared with the mentor to the extent that it aids in facilitating a successful match.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name *(Please print)*