



The Quest 2025 Application

"Nurturing today's youth, one child at a time"

About KOP Mentoring Network

KOP Mentoring Network is a character-building, Mentorship and gang prevention program designed to foster leadership, academic success and civic mindedness in youth ages 7 to 17.

We prepare our youth to thrive in school, work, and civic life.

Vision: To empower tomorrow's leaders, one child at a time

Mission: Empowering young people to become self-reliant, productive members of society ready to compete in the global economy

Values: Compassion I Respect I Entrepreneurial I Excellence I Diligence I Non-judgmental I Integrity I Courteous I Excellence I Relational

Organization Model

"No man stands so tall as when he stoops to help a boy" – Abraham Lincoln

- **REDUCE:** Track and provide resources to help third graders advance to the fourth grade. (reduce # of retentions)
- **RECRUIT:** Host monthly complimentary event to attract, meet, and connect with youth.
- **INVEST:** Build relationships that lead to program enrollment and deepen trust via mentoring and coaching.
- **TRANSFORM:** Use KOPMN events as a tool to learn responsibility, problem solve and develop leadership skills.
- **EMPOWER:** Educate, prepare, and train youth in life and professional skills and provide internship opportunities.
- **SUSTAIN:** Generate sustainable revenue from the events the organization produce, as well as merchandise sales.
- This is key to what sets us apart from other ministries. KOPMN's distinction – Our strength is the trust we have earned over 33 years of experience providing immediate aid and empowering helpless and vulnerable children/families in South Florida. KOPMN has proven methodologies and tools to advance mentorship, entrepreneurship, organizational skills and education. KOPMN targeted interventions improve the lives of the poorest and most disadvantaged children; people who permanently or during crisis do not have the resources to live active and healthy lives. Our strength is the trust – internship opportunities we provide our children.

We will accomplish this through curriculum designed sessions such as:

- Financial Planning
- Setting Goals
- Self Esteem & Self Respect
- Social Etiquette and Communication
- Relationships and Boys
- Dressing for Success
- And much more



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Although we're discussing some serious topics, we like to have fun with some of the topics so that our youth, especially the teens can relate, be open, and have a more enjoyable experience. We will create a fun-filled, nurturing environment.

Benefits of a "KOP" Quester

- Develop lifelong skills for a better future
- Share life's experiences
- Guys & Girls Talk
- Brotherhood and Sisterhood
- Field Trips
- Summer, Winter and Specialty Camps
- Scholarships and Grants
- Give back to the Community
- Motivation
- Find your inner strength and true gem...

Fees, Sponsorships, and Donations

A non-refundable twenty-five-dollar (\$25.00) registration fee is required for participation in this program- The registration fee will cover a small fraction of the program's expenses. KOP Mentoring Network does offer some scholarships to assist with registration fees; however, these are on a first come basis.

All donations and monetary sponsorships given in support of KOP Mentoring Network are used to facilitate program operations. This includes items such as, but not limited to:

- Activity fees (i.e. field trips, tickets to events, transportation, etc.)
- Room and Board (when traveling outside South Florida (i.e. college tours)
- Food for Saturday and bi-weekly sessions
- Rewards for good behavior
- Supplies

KOP Mentor/Coaching Network operated several programs under its umbrella. KOP Mentor/Coaching Network is a non-profit organization with a 501(c)(3) status. Therefore, donations are tax deductible.



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Mentor/Coach Standards and Guidelines

These standards and guidelines are meant to help Mentor/Coaches avoid situations that might reflect unfavorably on themselves or KOP Mentoring Network (KOPMN) organization. They do not cover every situation and do not replace a need to exercise prudent care and good judgment.

KOP Mentoring Network models group Mentoring/Coaching philosophy because of the shortage of finding a Mentor/Coach for each child.

Eligibility Screening: Mentors/Coaches authorize the completion of required background checks to cover criminal history, driving records, personal interviews and other forms of screening as deemed appropriate

Commitment: Mentors/Coaches are steadfast in their commitment to the standards and guidelines of KOPMN

Maintain Confidentiality: Mentors/Coaches act in the best interest of the KOP Mentoring Network and ensure confidentiality, taking care to protect against inadvertent disclosure

Inclusive Attitude: Mentors/Coaches value the diverse intellectual, economic, spiritual, and personal traits of their Questers

Community Service: Mentors/Coaches must maintain a steady presence in the lives of youth and in community efforts that strive to encourage others toward participation in charitable efforts

Accountability: Mentors/Coaches make regular contact with Questers and submit written notes /reports with the staff of KOP Mentoring Network on the Questers needs, goals and progress

Mentors/Coaches Roles and Responsibilities

- Mentors/Coaches will inspire the Questers to meet and possibly exceed her future goals by supporting and encouraging the Questers’ academic learning, spiritual growth, and constructive development on an ongoing basis
- Mentors/Coaches will provide access to sources of spiritual and career information to support the spiritual growth and career path of the Questers
- Mentors/Coaches will adhere to the highest levels of integrity, values, and ethical conduct and will talk to Questers about these issues when appropriate. Mentors/Coaches will also support the Questers when they are experiencing stress or uncertainty about issues concerning everyday life and the future
- Consult with parents on critical issues pertaining to the Questers’ health and wellbeing

Quester’s Roles and Responsibilities

- Questers shall respect the Mentor/Coach’s time and other commitments
- Questers should have realistic expectations about their Mentors/Coaches but also seek to be challenged through the Mentoring/Coaching experience.
- Questers must learn and practice self-empowering behaviors and should understand that they are responsible for their own spiritual and personal growth and development



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- Questers must follow through on their commitments with their Mentors/Coaches
- Questers should seek guidance and assistance when necessary
- Questers must recognize that mutual respect, trust, and honesty are necessary to achieve a healthy and authentic relationship
- Questers must agree and understand that the following reasons are grounds for dismissal from the KOP Mentoring Network program: 1) disrespecting authority, 2) more than three (3) consecutive absences, 3) use of vulgarities, 4) fighting and/or instigating any fight, 5) stealing

Parents Roles and Responsibilities

- Parents shall respect the Mentor's/Coach's time and other commitments
- Parents shall drop off their child on time for scheduled Mentoring/Coaching sessions
- Parents shall notify at least one of the Mentors/Coaches if they are not able to drop their child off on time
- Parents shall notify at least one of the Mentors/Coaches two (2) days prior to the session if their child will not be able to attend the scheduled Mentoring/Coaching session
- Parents shall be aware that three (3) consecutive absences will result in dismissal of child within the KOP Mentoring Network program for the current session and any of its scholarships and grants

Parent and Child Commitment Letter

I, _____, agree to enroll and support my child, _____, as a Quester of KOP Mentoring Network's Mentoring program. I understand that I am my child's primary role model and advocate, and that KOP Mentoring Network's Mentors/Coaches will assist me with my child's growth and development. As a parent and child of KOP Mentoring Network's mentoring program, I agree to the following:

- ☐ Abide by the standards and guidelines of the organization.
- ☐ Respect each Mentor's/Coach's time and other commitments.
- ☐ As a parent, notify at least one of the Mentors/Coaches if I am unable to make arraignments or drop off my child for the Mentor/Coaching session.
- ☐ As a parent, notify at least one of the Mentors/Coaches two days prior to the session if my child is unable to attend Mentoring/Coaching session.
- ☐ As a child, seek guidance and assistance from my Mentors/Coaches.
- ☐ As a child, seek recognize that mutual respect, trust, and honesty are necessary to achieve a healthy and authentic relationship with my Mentors/Coaches.



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- ☐ As a Quester, I agree and understand that the following reasons are grounds for dismissal of the KOP Mentoring Network program 1) disrespecting authority, 2) more than three(3) consecutive absences, 3) use of vulgarities, 4) fighting and/or instigating any fight, 5) stealing

I agree with and will be able to fulfill the commitments outlined in this letter and those described in the “Roles and Responsibilities” document.

Child Signature _____ Date _____

Parent Signature _____ Date _____

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/your child want to participate in a Mentoring/Coaching program?

2. Briefly describe your expectations for the KOP Mentoring Network program: _____

3. Is your child available to meet virtually every other Saturday from September to May? _____

Please explain any particular scheduling issues. _____

4. Describe your child’s school performance including grades, homework, attendance, behaviors, etc.

5. Does your child have friends? Please describe his/her friendships. _____

6. Is your child currently having any problems either at home or school? _____

7. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.

8. Can you provide any additional background information that may be helpful to KOP Mentoring Network in matching your child with an appropriate Mentor/Coach? _____



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Child

First _____ Middle _____ Last _____ Gender: Male ____ Female ____

School Name _____ Grade _____ Birth date ____/____/____ Age (as of March 30, 2021) _____

Home Address _____

City _____ Zip code _____ Child's Home Phone _____

T-Shirt size _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State ____ Zip Code _____ Home Phone _____ Work Phone _____

Cell phone _____ FAX _____ E-mail _____

Occupation _____ Employer _____

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

Parent/Guardian #2

Street Address _____

Town/City _____ State ____ Zip Code _____ Home Phone _____ Work Phone _____

Cell phone _____ FAX _____ E-mail _____

Occupation _____ Employer _____

Child lives with: _____ Person responsible for payment _____ N/A

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

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____



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Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			



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I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that KOP Mentoring Network or its Partners will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Please circle how you heard about KOP Mentor/Coaching Network.

After School Program _____ Website _____ School _____ Word of Mouth _____ Flyer _____ Other _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during official events sanctioned by KOP Mentoring Network. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of KOP Mentoring Network and its affiliates.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official KOP Mentoring Network activities by modes of transportation agreed to by the organization officials.

Parent's/Guardian's Initials _____

KOP Mentoring Network and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____



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Quester Interest Survey

(To Be Completed by Youth)

PLEASE ANSWER THESE QUESTIONS TO THE BEST OF YOUR KNOWLEDGE

The below questions are intended to give us an insight of who you are.

One Year Goal:

Five Year Goal:

Role model:

Hero:

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

What are your favorite subjects in school?

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

What are your favorite subjects to read about?

What is one goal you have set for the future?

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

What person do you most admire and why?

Describe your ideal Saturday.

Expectation from this Program:



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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
<input type="checkbox"/>	Aviation	<input type="checkbox"/>	Finance	<input type="checkbox"/>	Coding	<input type="checkbox"/>	Photography	<input type="checkbox"/>	Writing

List any other areas of special interest:

Please return or mail this completed application to KOP Mentoring Network