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Mentor & Mentee Project Forms

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Founding Partners:

Adobe 
Foundation





Working with These Forms

When executing a mentoring program it is a good idea to formalize the process as much as possible. Providing a structure not only helps to give the teams direction, but it demonstrates your commitment to the success of the program and sets the tone for participation. This document provides you with a number of forms to help you execute the program and collect information about all of the participants.

- **Information Sheet:** collect basic information about the mentor and mentee.
- **Work Schedule:** help teams set up a schedule, and formalize their agreement around the schedule. This form will also capture information in a consistent manner about where and when each of the mentoring teams are working.
- **Confidential Exit Interview:** to help evaluate the success of the program and capture valuable feedback from mentor and mentee.
- **Consent Form:** grants you, *Design Ignites Change* and its founding partners permission to publish artwork from the program.

Feel free to adapt these forms to the needs of your organization.

Note: You will need to provide Worldstudio with a copy of the Consent Form for all artwork posted on the Design Ignites Change website.



Mentor Information Sheet

PERSONAL DATA

Your Name _____

Institution/Organization/Firm _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Fax _____ E-mail _____

PERSONAL INFO

Directions to your school or office: _____

In what discipline do you work? What are your other creative interests? _____

Do you have experience working with high school youth? If so, please elaborate upon your experience.
No experience is necessary to mentor.

If not, what aspects most concern you? _____

What is your interest in participating in this program? _____

SCHEDULE

Please give us an idea of when it is most convenient to host your student. Day/2-hr period

Mon: _____ Tue: _____ Wed: _____ Thu: _____ Fri: _____

CONSENT

I agree to host my student exclusively on weekdays during normal business hours (9am-6pm) in my school or office. If I am unable to do so, I understand that I must contact the Project Coordinator immediately to arrange a suitable venue for the sessions. I understand that in no instance should I host the mentorship from my home. I may take my student on a field trip to an art gallery or museum, provided that I do so within normal business hours or obtain special permission from the Project Coordinator.

Signature _____ Date _____



Mentee Information Sheet

PERSONAL DATA

Your Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Mobile Phone _____ E-mail _____

School or Youth Organization _____

Grade _____ Age _____ Female Male

School/Youth Organization Contact _____ Contact's Telephone _____

PERSONAL INFO

In which creative careers do you have an interest? (i.e. film+video, graphic design, sculpture, architecture, fashion) Please list.

In what mediums have you worked? (i.e. paint, photography, computer, clay, textiles)

What is the best time of the day to reach you? How would you prefer to be contacted?

Do you check your email regularly? Yes No

SCHEDULE

Please give us an idea of when it's convenient to meet with your mentor. Day/2-hr period

Mon: _____ Tue: _____ Wed: _____ Thu: _____ Fri: _____

CONSENT

I give permission to the youth in my custody to participate in the *Create! Don't Hate.* mentoring program in order to study art and design. I understand that the youth will meet at the mentor's place of business, weekdays during normal business hours and, that on occasion, he/she may venture on field trips to museums, galleries and additional venues, as may be appropriate to the program, under the supervision of the mentor and/or the Project Coordinator.

Signature of Guardian _____ Date _____



Mentor & Mentee Work Schedule

Your first task is to map out a work schedule for your project. It is important that all collaborators adhere to this schedule for the project to be completed in a timely fashion. If something comes up, and you are sick, out-of-town or busy with another project or homework, be sure to contact your partner immediately.

All participants in the *Create! Don't Hate.* mentoring program must sign this form. Each participant should keep a copy for his or her records and send a copy to the Project Coordinator.

AGREEMENT

I agree to adhere to the schedule outlined below. I understand that I must arrive on time for all sessions, and that I must attend each session for two hours. I understand that I must call at least 24 hours in advance of session if I need to reschedule it. I commit to meeting my collaborator weekdays during normal business hours for six - eight sessions within a period of two months. I retain my right to dissolve the mentorship for good reason at any point within its duration and understand that in order to do so, I must officially notify the Project Coordinator.

LOCATION

Location or Studio Name

Address

City

State

Zip

Telephone

Fax

E-mail

SCHEDULE

Session 1

Date

Time

Session 2

Date

Time

Session 3

Date

Time

Session 4

Date

Time

Session 5

Date

Time

Session 6

Date

Time

Session 7 *additional session if needed*

Date

Time

Session 8 *additional session if needed*

Date

Time

SIGNATURES

Mentee Signature

Date

Mentor Signature

Date

Note: If a mentor is working with more than one mentee, create a separate form for each.



Mentor Confidential Exit Interview

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PERSONAL DATA

Your Name

Institution or Organization

Mentee's Name

Project Date

Thank you for participating in the *Create! Don't Hate.* mentoring project. We hope that both you and your mentee found it to be valuable. In order to evaluate our work and constantly improve upon our program, we ask that you fill out the following form. Your honest feedback is crucial in helping us shape this program. Your answers to the questionnaire are confidential. However, we might use the paragraph summary (below) to explain your experience in our mentoring materials and where work is displayed. If you would like to speak with us further, please do not hesitate to call. We'd love to hear from you. We hope to work with you again!

PROJECT SUMMARY

In a paragraph, please summarize the progression of your relationship with the student and the resulting work.



QUESTIONS

-
1. How did you find out about the program? What made you want to participate?

 2. Did you have any hesitations, or were there factors that made it difficult to participate (i.e. corporate clearance, scheduling problems, unfamiliarity with mentoring, etc.?) If so, what were they?

 3. How many times did you meet? Did you or your student fail to attend or cancel any planned sessions? Were you able to make up those sessions?

 4. Did you supply your student with transportation costs, snacks and/or materials? If so, what?

 5. Would you have preferred to mentor one-to-one, in pairs or small groups?

 6. Did you feel adequately prepared for the program itself? If not, what could have been done to better prepare you?

 7. Did you read the mentoring guide provided at the beginning of the program? Did you find it helpful?

 8. How did you get along with your student? Were there any problems in communication that came into play? Were you able to overcome those issues? If so, how?

 9. Conversely, were there issues or experiences that made it easier for you to relate or connect?



QUESTIONS cont'd

10. How would you describe the level of commitment to the project? To one another?

11. How did you feel working with the theme of tolerance? Did it lend itself to discussion and creative brainstorming between you and your student? What other themes would you like to explore in a program of this nature?

12. Are you satisfied with the finished project?

13. Did you have to schedule additional time with your mentee outside of the scheduled sessions in order to complete the project? If not, would you have been willing to spend additional time with your mentee if necessary?

14. Did you and your mentee ever work outside of the school or office? If so, what did you do together?

15. Do you plan on maintaining a relationship with your mentee? Did you invite him or her to visit in the future?

16. Are you interested in participating again as a mentor? If not, why not?

17. In summation, what was your overall impression of the program?

18. Any additional comments, suggestions, reactions...



Mentee Confidential Exit Interview

PERSONAL DATA

Your Name

Age

Grade

Mentor's Name

Project Date

Thank you for participating in the *Create! Don't Hate.* mentoring project. We hope that you had a good time. Please help us improve the program by completing the following form. Please respond to the questions openly and honestly. Your answers are confidential. However, we might use the paragraph summary (below) to explain your work when it is displayed or published.

PROJECT SUMMARY

In a paragraph or two, please describe your project: the idea, the meaning and how the experience has affected you.



QUESTIONS cont'd

8. What other project themes would be interesting to you?

9. How do you feel about your finished product?

10. Describe your relationship with your mentor. In what way did you share ideas and experiences?
Were you comfortable working together?

11. Would you like to continue the relationship after the program ends? Were you invited back to visit? Will you?

12. What were you expecting to gain from this program? Were those goals met?

13. What more would you have liked to accomplish or learn in the program?

14. Any other comments, suggestions, reactions...



Mentor & Mentee Artwork Consent Form

We hope you had a great time participating in the *Create! Don't Hate*. mentoring program. Please fill out this form and submit it along with your exit interview and artwork within 10 days after your last session. Your signature on this form legally enables the public display of your work on the website and elsewhere.

All mentors and students must submit a signed copy of this form to the Project Coordinator.

AGREEMENT

I permit (*name of mentoring organization*): _____, *Design Ignites Change* and its Founding and Strategic Partners to post my artwork on their websites and to reproduce my artwork for not-for-profit purposes to promote *Design Ignites Change* and *Create! Don't Hate*. I understand that in so-doing, I extend non-exclusive publishing rights to the partners. As co-creator of this artwork, I understand that my collaborator and I retain copyright of our original artwork. The partners may not copyright the original artwork, but may copyright photographic representations of the original in publications in which it may appear.

I understand that original artwork will not be returned to my collaborator or myself until it has been photographed and/or exhibited and that the partners will take measures to properly store artwork, but will not assume responsibility for the possible loss or damage of the said work.

SIGNATURES

Mentee Signature _____ **Date** _____

Print Name _____

Mentor Signature _____ **Date** _____

Print Name _____

Note: If a mentor is working with more than one mentee, create a separate form for each.



Photo Release Form

AGREEMENT

I hereby grant (name of mentoring organization): _____, *Design Ignites Change* and its Founding and Strategic Partners permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of *Design Ignites Change* and the parties listed above and will not be returned. I hereby irrevocably authorize *Design Ignites Change* and the parties listed above to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing *Create! Don't Hate.* and *Design Ignites Change* or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge *Design Ignites Change* and the parties listed above from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

SIGNATURES

Printed Name

Signature **Date:**

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent/Guardian's Printed Name

Parent/Guardian's Signature **Date**