



# Florida Youth Leadership Academy (FYLA)

## 2021 Mentor Application

**MENTOR APPLICATION EXTENDED TO SUNDAY, DECEMBER 13<sup>TH</sup> AT MIDNIGHT**

*Application responses will be provided by early January 2021.*

**Before applying** to be a mentor for FYLA, please read the information below to ensure that this program would be a suitable fit for you and you would be a suitable fit for FYLA.

***Send completed application to [Janelle.King@myflfamilies.com](mailto:Janelle.King@myflfamilies.com).***

***Thank you for taking the time to apply!***

### **Part 1: FYLA Information**

#### **Mission:**

To inspire young leaders through building healthy relationships, exploring leadership development, and actively engaging within their communities.

#### **Background:**

The Florida Youth Leadership Academy (FYLA) kicked off its first class in December 2007 in Orlando, Florida. What initiated as a professional development project under the direction of Florida's Department of Children and Families' Child Welfare Leadership Program and Connected by 25, grew into a statewide mentorship and leadership program for youth involved in the child welfare system.

#### **Specifics:**

FYLA is for youth involved with Florida's child welfare system who meet the eligibility criteria. The FYLA group typically travels three to four times throughout the program year to engage in several educational and leadership activities, including touring the State Capitol, Supreme Court, and college campuses across Florida. However, because of COVID this year, we will be making adaptations to FYLA. Throughout the program year, we will still encourage that you and your mentee meet regularly in your local areas to focus on specific learning objectives, including networking, public speaking, resume-building, and interviewing skills as well as meeting with child welfare leadership in your local area. You will assist your mentee in achieving their individualized goals that are set at the beginning of the year. Typically, each FYLA class concludes with a graduation ceremony during the annual Child Protection Summit.

#### **COVID Changes:**

*As noted above, FYLA coordinators will be closely monitoring COVID to determine if our trips will need to remain virtual throughout the program year, but in the meantime, our first "trip" in February will be virtual. We will still make this as fun and engaging as possible!! Additionally, as noted on the next page under group trips, there is the possibility of having a few local area mentors and mentees meet up in person, as long as FYLA doesn't interfere with group home COVID policies and as long as CDC guidelines are followed, such as providing temperature checks upon arrival, wearing masks the whole time, remaining socially distanced, and ideally meeting in an outdoor space.*

## **Part 2: Mentor Expectations**

### **Mentor Eligibility:**

1. Currently (at the submission of application) employed with DCF, a Community-Based Care (CBC) Lead Agency, or their subcontracted providers.
2. Preference will be given to applicants who have been in child welfare for at least three years or who have at least two years of experience mentoring to youth.
3. Ability to demonstrate in the application strong capabilities as a leader.

*\* The purpose is to consider the circumstances and needs of the mentees first. From there, we work to match the mentee with a mentor with suitable skills and qualities. Office of Child Welfare (OCW) will do its best to find a mentee for each eligible mentor, but will be unable to guarantee a match.*

The Department expects each mentor to be actively engaged in all activities. **This includes limiting time spent on cell phone(s) and other electronic devices.** If at all possible, mentors should not miss more than one scheduled trip (even if they are virtual) and if unable to attend, please communicate, at least two weeks in advance prior, with the program coordinators and with all parties listed below in the mentor contract under “Communication”.

### **Group Trips:**

As we monitor COVID and at least for **the first kickoff trip**, we’ll be meeting virtually from roughly 12-5 PM **on Saturday, February 27<sup>th</sup>**, with the possibility of having local area mentors and mentees meet up in person following CDC guidelines. All other exact trip dates and locations are TBD due to COVID, but will follow the below tentative schedule.

1st Trip (February)	Saturday, 2/27/20: roughly 12-5 PM (mandatory)
2nd Trip (April)	Virtual College Tours, leadership activities, other events
3rd Trip (June/July)	Virtual College Tours, leadership activity, service project
Graduation Trip (August/Sept.)	Virtual Child Protection Summit Graduation

**If it is determined that it is safe to travel for future trips, DCF (Office of Child Welfare) covers all travel costs for mentors.**

### **Off-Months:**

Mentors and mentees will be responsible for meeting face-to-face or virtually, if that is deemed safer due to COVID, at least once during the off-months when we’re not meeting for the group trips. You and your mentor will be responsible for completing the activities for that particular off-month theme. The themes of the off-months will be discussed as a group at our the kickoff trip.

## **Part 3: Mentor Contract**

By choosing to participate in the Florida Youth Leadership Academy, I agree to the following:

### **Expectations:**

- Be flexible and provide the necessary support and advice to help your mentee succeed.
- Make a commitment to participate as a mentor for a minimum of 9 months with your mentee.
- Keep any information that your mentee tells you confidential unless he/she may cause harm to him/herself or others or if others are causing harm to him/her.
- Follow all rules and guidelines as outlined by the program coordinators, mentor training, program procedures, and this contract.

### **Participation:**

- Attend the virtual mentor training on **Friday, January 22<sup>nd</sup> from 12-5 PM.**
- Participate in the mandatory monthly virtual mentor calls, which will last approximately 30 minutes. Calls are designed to discuss the upcoming group trip as well as share any concerns, questions, or comments that you may have.

### **Contact:**

- Meet with your mentee face-to-face for a minimum of four hours per month during the off-months. Please note if it's safer to "meet" virtually, that is okay. Off-month themes will be discussed during the kick off trip.
- Make at least weekly contact with your mentee, as appropriate.

### **Communication:**

- Notify your mentee's caregiver, school, case manager, and any other pertinent contacts of all scheduled trips at least 2 weeks in advance, and in regards to your face-to-face visits.
- Be present for all scheduled trips. If for whatever reason you and your mentee will be late, please contact the program coordinators as soon as possible.
- Contact your mentee at least 2 weeks in advance if you know you will not be able to make a trip. If we can begin travelling again, please work with other mentors to coordinate alternate transportation/coverage to ensure your mentee can still attend. The program coordinators must be kept informed of any and all changes.
- Inform the program coordinators of any difficulties or areas of concern that may arise with your mentee.
- Notify the program coordinators if you have any changes in address, phone number, or employment status.

## Part 4: Application

### General Information:

<b>First and Last Name:</b>	
<b>City and County of Residence:</b>	
<b>Gender:</b>	
<b>Employer:</b>	
<b>Length of Child Welfare Experience:</b>	
<b>Supervisor's Name:</b>	
<b>Work Address:</b>	
<b>Work Phone:</b>	
<b>Cell Phone:</b>	
<b>Work Email:</b>	
<b>Emergency Contact Name and Relationship:</b>	
<b>Emergency Contact Number:</b>	

### Mentor Questions:

1. Describe your experience with mentoring youth?

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2. Why do you want to be a 2021 FYLA mentor?

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3. What is your definition of leadership?

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4. How would describe yourself (personal characteristics, values, or qualities)? Also, what are your hobbies or interests (for example, swimming, certain sports, reading, hiking, animals, gardening, music, cooking, library, movies, shopping, etc.)?

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5. If there is a conflict that arises between you and your mentee or your mentee and others, how would you work to deal with and resolve the conflict?

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6. Please list your ideal mentee match (e.g. gender, age, qualities, interests, personality type, etc.):

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7. What Circuit(s) would you be available to be a mentor?

\_\_\_\_\_ *\*Please consider the **travel time** you will incur depending on your circuit availability and know that there is the possibility that your mentee may move circuits. More information about this will occur at orientation.*

8. Do you require any special accommodations to participate with FYLA?

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9. Do you have any dietary restrictions?

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10. Please list any allergies you have and the type of reaction associated with each allergy (food, insects, seasonal, medication):

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11. If you have been a mentor during the past 3 years (2017, 2018 or 2019), are you interested in helping us conduct face-to-face interviews with the youth who apply for FYLA to determine eligibility for the program?

- ☐ Yes
- ☐ No
- ☐ No- Not a former 2017, 2018, or 2019 mentor
- ☐ Maybe- Contact me first with more information

**I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program coordinators at this time or in the future. I also attest that the above information is accurate and truthful.**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## **Two References**

### **Current Supervisor Reference:**

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Name

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Phone

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Email

### **Character Reference:**

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Name

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Relation

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Phone

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Email



## **Background Verification Form**

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Agency

The individual above is applying and, if chosen, agreeing to be a mentor with the Department of Children and Families' Florida Youth Leadership Academy (FYLA).

We are asking for verification that the above-named individual has been background screened in accordance with Level II Chapter 435, F.S.

\_\_\_\_ Yes, the above-named individual has been background screened in accordance with Level II Chapter 435, F.S. and certify that there was no disqualifying information found.

\_\_\_\_ No, the above-named individual has NOT been background screened in accordance with Level II Chapter 435, F.S.

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Agency Head/Designee Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Agency Head/Designee Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

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Date

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Date