About Diamonds of Distinction

Diamonds of Distinction (Diamonds) is a non-profit 501(c)(3) organization founded in 2008. It was formed for the purpose of bringing together women from all walks of life to create a strong sisterhood that empowers, motivates, and uplifts while making a powerful impact on today's world through community involvement, mentorship, adolescent scholarships, and social activities.

Sparkle Mentorship Mission Statement

The mission of Sparkle Mentorship Program is to help teenage girls develop into strong, healthy, sophisticated, goal-oriented young women with topics on self-esteem, self-respect, self-awareness, dating, independence, education, budgeting as well as giving girls a foundation for a healthy and strong future.

About the Program

The Sparkle Mentorship Program is for teenage girls ages 12-18 within the Dallas/Fort Worth area. This program is designed to help teenage girls develop into strong, healthy, sophisticated, goal-oriented young women of the future. Our mentorship program is a seven/eight-month session between the months of September through April/May. The sessions are held every other Saturday from the hours of 10 a.m. to 1 p.m. at Grand Prairie's Dalworth Recreation Center. The members of Diamonds and volunteers mentor the young ladies through group style mentoring to help them develop into the precious jewels they are.

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

Although we're discussing some serious topics, Diamonds like to have fun with it so that our teenagers can relate, be open, and have a more enjoyable experience. We will create a fun-filled, nurturing, sisterhood environment.

Benefits of a "SPARKLE" Mentee

- Develop lifelong skills for a better future
- Share life's experiences
- Girl Talk
- Sisterhood
- Field Trips
- Scholarships and Grants
- Give back to the Community
- Motivation
- Find your inner true gem...so you can "SPARKLE" Like A Diamond

Fees, Sponsorships, and Donations

A non-refundable thirty-five dollar (\$35.00) registration fee is required for participation in this program. The registration fee will cover a small fraction of the programs expenses.

We expect each Gem along with the help of parents to participate in fundraising events to help support the program and the future of the program. There will be at least two (2) fundraisers per season.

All donations and monetary sponsorships given in support of the Sparkle Mentorship Program 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 the Metroplex i.e. college tours)
- Food for bi-weekly sessions
- Rewards for good behavior
- Supplies

The Sparkle Mentorship Program is a program offered under the Diamonds of Distinction Organization. Diamonds of Distinction is a non-profit organization with a 501(c)(3) status. Therefore, donations are tax deductible.

Mentor Standards and Guidelines

These standards and guidelines are meant to help mentors avoid situations that might reflect unfavorably on themselves or the Diamonds organization. They do not cover every situation and do not replace a need to exercise prudent care and good judgment.

Eligibility Screening: Mentors 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 are steadfast in their commitment to the standards and guidelines of Diamonds.

Maintain Confidentiality: Mentors act in the best interest of the Diamonds organization and ensure confidentiality, taking care to protect against inadvertent disclosure.

Inclusive Attitude: Mentors value the diverse intellectual, economic, spiritual, and personal traits of their mentees.

Community Service: Mentors 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 make regular contact with mentees and submit written notes /reports with the staff of Diamonds of Distinction on the mentees needs, goals and progress.

Mentors Roles and Responsibilities

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

Mentee Roles and Responsibilities

- Mentees shall respect the mentor's time and other commitments.
- Mentees should have realistic expectations about their mentors but also seek to be challenged through the mentoring experience.

- Mentees must learn and practice self-empowering behaviors and should understand that they
 are responsible for their own spiritual and personal growth and development.
- Mentees must follow through on their commitments with their mentors.
- Mentees should seek guidance and assistance when necessary.
- Mentees must recognize that mutual respect, trust, and honesty are necessary to achieve a healthy and authentic relationship.
- Mentees must agree and understand that the following reasons are grounds for dismissal from the Sparkle Program: 1) disrespecting authority, 2) more than three(3) consecutive absences, 3) use of vulgarities, 4) fighting and/or instigating any fight, 5) stealing.
- Mentees must participate in fundraising to help support the program.

Parents Roles and Responsibilities

- Parents shall respect the mentor's time and other commitments.
- Parents shall drop off their child on time for scheduled mentoring sessions.
- Parents shall notify at least one of the mentors if they are not able to drop their child off on time.
- Parents shall notify at least one of the mentors two (2) days prior to the session if their child will not be able to attend the scheduled mentoring session.
- Parents shall be aware that three (3) consecutive absences will result in dismissal of child within the Sparkle Program for the current session and any of its scholarships and grants.
- Parents shall keep the lines of communication open with mentors regarding mentees and any changes that may occur.
- Parents should encourage mentees participation and efforts.
- Parents must turn in all forms required for participation in the program, including all fieldtrip forms, timely.
- Parents must help mentees with participation in fundraising to help support the program.

Video, Image, and Audio Release Form

From time to time during the program session it may be necessary for Diamonds of Distinction's Marketing committee to use photographs, audio recordings, and/or video footage of our mentees. These media outlets will consist of community service events and/or activities associated with The Sparkle Mentorship Program.

Diamonds of Distinction would like your permission to use photographs, audio recordings, and/or video footage of your child for such purposes. We ask permission to include your child's name as appropriate in news releases, video produced by Diamonds of Distinction, brochures, and on Diamonds website postings. Neither the Diamonds organization nor any of its authorized webmasters, photographers, videographers, committee members, or officers receive monetary rewards resulting from use of such materials. All material shall be used for the sole purpose of marketing Diamonds of Distinction's programs.

Your signature below indicates your permission for photographs, audio recordings, and/or video footage to be used in the manner described above.

I hereby affirm that I am at least 18 years of age and/or the parent/guardian of the child named below. I hereby give my consent for her photographs, audio recordings, and/or video footage to be utilized for advertising, illustration, or publication on the Diamonds of Distinction website, brochures, or newsletters and/or that her name is included in the published materials as appropriate.

| Name: | | |
|--------------------------------|-------|--|
| Parent/ Guardian Name (print): | | |
| Signature: | Date: | |

Liability Release and Waiver Form

Topics such as religion, sex, drug, alcohol, and female health will be discussed within the Sparkle Program. These topics can be extremely sensitive areas and depending upon family values of our parents we would like permission to discuss and educate about preventive measures when these topics arise. It is our goal to educate and empower our daughters on these topics.

Parental involvement is always encouraged and welcomed. Our belief is that we must work together to achieve our overall goals therefore an email will be sent to parents when these subjects will be discussed.

Your signature below indicates that you are at least 18 years of age and/or the parent/guardian of the child named below. Your signature also indicates your permission for your child to participate in the above mentioned topics. .

| Name: |
|--------------------------|
| Parent/Guardian (print): |
| Signature: |
| Email: |
| Date: |

Parent and Child Commitment Letter I, agree to enroll and support my child, as a mentee of the Sparkle Mentorship Program. I understand that I am my child's primary role model and advocate, and that Diamonds of Distinction Mentors will assist me with my child's growth and development. As a parent and child of the Sparkle Mentorship Program, I agree to the following: ☐ Abide by the standards and guidelines of the organization. ☐ Respect each mentor's time and other commitments. ☐ As a parent, make arraignments and/or drop off for my child to attend the scheduled mentoring sessions. ☐ As a parent, notify at least one of the mentors if I am unable to make arraignments or drop off my child for the mentoring session. ☐ As a parent, notify at least one of the mentors two days prior to the session if my child is unable to attend mentoring session. ☐ As a child, seek guidance and assistance from my mentors. As a child, recognize that mutual respect, trust, and honesty are necessary to achieve a healthy and authentic relationship with my mentors. ☐ As a child/parent, I commit to helping the organization in its fundraising efforts. ☐ As a mentee, I will try my best to "Sparkle" like a Diamond! ☐ As a mentee, I agree and understand that the following reasons are grounds are dismissal of the Sparkle 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 _____

Informational Sheet

Mentee

| Mentee's Full Name: |
|---|
| Current Mailing Address (No PO Box): |
| |
| Phone Number: |
| Email Address: |
| School Name (ISD): |
| Year in School: Age: Birthdate: |
| Extra-Curricular Activities: |
| |
| Special Interest (What do you like to do?): |
| |
| What do you want to be when you grow up? |
| |
| Parent |
| Name of Parent or Guardian: |
| Phone Number of Parent or Guardian: |
| Parent or Guardian Email Address: |
| Emergency Contact Name: |
| Emergency Contact Number: |

Mentee Application (To Be Completed by the Parent/Guardian)

Personal Information

| Mentee's Name: | | Date: | | | |
|-----------------------------------|------------|-------------------------|---------------------------|--|--|
| Parent/Guardian Name: | | | | | |
| Relationship to Mentee: Mother | Father | _ Other, s ₁ | pecify: | | |
| Street Address: | | | | | |
| City: | State: | Zip: | | | |
| Home phone: | Work phone | e: | | | |
| Date of Birth/ Age: | | | | | |
| Ethnicity: White: Hispanic: | African An | nerican: _ | Asian: Other: | | |
| Name of School: | | | Grade: | | |
| Emergency Contact Name: | | I | Phone Number: | | |
| Please list all members of your h | ousehold: | | | | |
| Name | Sex | Age | Relationship to Applicant | | |
| | | | | | |
| | | | | | |
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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 | n a mentoring program? |
|---|--|
| 2. Briefly describe your expectations for the Sp | parkle Mentoring Program: |
| 3. Is your child available to meet every other S | Saturday from September to April? |
| Please explain any particular scheduling issues | 3 |
| 4. Describe your child's school performance in | ncluding grades, homework, attendance, behaviors, |
| etc. | |
| 5. Does your child have friends? Please describ | be his/her friendships |
| 6. Is your child currently having any problems | either at home or school? |
| 7. Has your child experienced any traumatic ev divorce)? If yes, please provide details | · · · · · · · · · · · · · · · · · · · |
| | information that may be helpful to Diamonds of appropriate mentor? |
| Medical History | |
| Name of Primary Care Physician: | |
| Medical Insurance Provider: | |
| Policy Number: | Phone No.: |
| Does your daughter have any physical problen | ns or limitations? |
| Is your daughter currently receiving treatment | for any medical issues? |
| Is she currently on any type of medication? Is | so, please specify |
| Does your daughter have any known allergies please describe them below: | |
| Does your daughter have any emotional issues | or problems right now? |
| Is your daughter currently seeing a counselor of | or therapist? |
| Therapist's Name: | |

Please read this carefully before signing:

Sparkle Mentorship Program 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 the Sparkle Mentorship Program. After receiving this completed application from you, we will evaluate the information and send you a letter letting you know if your child has been accepted into the mentoring program. 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.

| Please initial each of the following: | |
|---|---|
| • | ission for my child to participate in the Sparkle |
| Mentorship Program and its related activities. | |
| · | entoring program guidelines and understand |
| that any violation on my child's part may result mentoring relationship. | • |
| • | vill be transported by her mentor and/or |
| Diamonds of Distinction staff or representative Program, and that such transportation is volunta | |
| | · · |
| I release the Sparkle Mentorship Prog | · · · · · · · · · · · · · · · · · · · |
| other damages to me, my child, family, estate, l | • |
| participation in the program, including but not l | |
| | resentatives, both collectively and individually, o |
| any injury, physical or emotional, other than wl | iere gross negngence nas been determined. |
| I understand I must return all of the following any incomplete information will result in the de | , |
| • Video, Image, and Audio Release Form | |
| Liability Release and Waiver Form | |
| • Parent and Child Commitment Letter | |
| • Informational Sheet | |
| • Interest Survey Form | |
| • | |
| By signing below, I attest to the truthfulness of agree to all the above terms and conditions. | all information listed on this application and |
| Parent/Guardian Signature | Date |
| 2 | |
| | ems listed above to Sparkle Mentorship Program, |
| P.O. Box 542081, Grand Prairie, TX 75054. | |

of

Mentee Interest Survey (To Be Completed by Youth)

| Mentee's Nam | ne: | | Date: | | | |
|-----------------|---|-------------------|---------------|--------------------------------|--|--|
| | te all the following ou and your interests | • | | ntorship Program learn you. | | |
| What are some | e favorite things you | u like to do with | other people? | | | |
| What are your | favorite subjects in | school? | | | | |
| If you could le | earn about a job/care | eer, what would | it be? | | | |
| What are your | favorite subjects to | read about? | | | | |
| What is one go | oal you have set for | the future? | | | | |
| If you could le | earn something new | , what would it | be? | | | |
| What person d | lo you most admire | and why? | | | | |
| Describe your | ideal Saturday. | | | | | |
| Please check a | ıll activities you are | interested in: | | | | |
| Biking | Camping | Science | Cooking | Library | | |
| Hiking | Boating | Music | Sports | Yoga | | |
| Golf | Swimming | Gardening | Parks | Movies | | |
| Fishing | Animals | Eating | Board Games | Shopping | | |
| List any other | areas of special into | erest: | | | | |
| | | | | | | |