

*Daughters of Esther*  
*Training Young Queens of Excellence*

*...You have come to your royal position for such a time as this...*

*Daughters of Esther Mentorship Program*

Gems and Jewels: Ages 6-9

Diamond Princess': Ages 10-13

Daughters of Esther: Ages 14-18

Queens in Training: Ages 18-30

Leadership Academy: Ages 14-18

# Daughters of Esther Mentoring Program

---

## **About Daughters of Esther**

Daughters of Esther is an organization founded in 2009. It was formed for the purpose of bringing together young 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.

## **Daughters of Esther Mentorship Mission Statement**

The mission of Daughters of Esther Mentorship Program is to provide a loving environment of sisterhood to help young girls develop into strong, healthy, sophisticated, goal-oriented, spiritual 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. We accomplish this through age appropriate interactive forums, workshops, community service projects, field trips, and extra-curricular outlets. We do this to encourage their development of positive social, academic, and decision making skills.

## **About the Program**

The Daughters of Esther Mentorship Program is for young girls ages 6-26. 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 10-month session between the months of September through June. The sessions are held every other Saturday from the hours of 3:00 p.m. to 5:00 p.m. at New Beginning Christian Center in Waldorf, Md. The members of Daughters of Esther Team will 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:

- Self-Image: Developing a Healthy Self-Esteem; Self-Image and the Media; How does God see me
- Class and Confidence: "I am Fearfully and Wonderfully Made"; Developing Confidence, "I Love Me."
- Love and Forgiveness: "Loving and Forgiving Myself"; Understanding God's Love and Forgiveness
- Effective Communication: Public Speaking Activities, Speaking with Confidence
- Healthy Relationships
- Social Grace: "I'm a Lady"; Integrity and Character; "R.E.S.P.E.C.T. ME!!!"
- And much more

# Daughters of Esther Mentoring Program

---

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

## **Benefits of a "DAUGHTERS OF ESTHER" 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 beauty...so you can be the Queen that God has called you to be

## **Mentor Standards and Guidelines**

These standards and guidelines are meant to help mentors avoid situations that might reflect unfavorably on themselves or the Daughters of Esther 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 Daughters of Esther on the mentees needs, goals and progress.

# Daughters of Esther Mentoring Program

---

## **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: 1) disrespecting authority, 2) more than three (3) consecutive absences, 3) use of vulgarities, 4) fighting and/or instigating any fight, 5) stealing will result in a meeting between parent and the Daughters of Esther Committee.

# Daughters of Esther Mentoring Program

---

## Parents Roles and Responsibilities

- Parents shall respect the mentor's time and other commitments. The mentors are volunteers and just as we respect your time, please respect theirs and ensure that your daughter is present and on time for the meetings.
- Parents shall bring 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 the mentee should not have more than three (3) consecutive absences.
- Parents please remember this is a free program for the young ladies and we survive on fundraising, donations and money out of each mentor's pockets. So, please don't decide to pull your daughter out of the program midway, because we order items for each young lady and many items are personalized and if your daughter has decided to leave the program, we have just spent money on items just for her – money that has usually come out of the mentors' pocket. \_\_\_\_\_ (Please initial that you have read)
- Parents should participate in each fundraiser.

## Daughters of Esther Mentoring Program

---

### Video, Image, and Audio Release Form

From time to time during the program session it may be necessary for Daughters of Esther's 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 Daughters of Esther Mentorship Program.

Daughters of Esther 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 Daughters of Esther, brochures, and on Daughters of Esther postings. Neither the Daughters of Esther 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 Daughters of Esther'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 Daughters of Esther website, brochures, or newsletters and/or that her name is included in the published materials as appropriate.

Name: \_\_\_\_\_

Parent/ Guardian Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Daughters of Esther Mentoring Program

---

## Liability Release and Waiver Form

Topics such as religion, sex, drug, alcohol, and female health will be discussed within the Daughters of Esther Program. These topics can be extremely sensitive areas and depending upon the 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 parents will be notified 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: \_\_\_\_\_

# Daughters of Esther Mentoring Program

---

## Parent and Child Commitment Letter

I, \_\_\_\_\_, agree to enroll and support my child, \_\_\_\_\_, as a mentee of the Daughters of Esther Mentorship Program. I understand that I am my child's primary role model and advocate, and that Daughters of Esther Mentors will assist me with my child's growth and development. As a parent and child of the Daughters of Esther 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 arrangements 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, seek recognize that mutual respect, trust, and honesty are necessary to achieve a healthy and authentic relationship with my mentors.
- € As a mentee, I will try my best to find my inside beauty and be the Queen that God has called me to be.
- € As a mentee, I agree and understand that the following reasons are grounds are dismissal of the Daughters of Esther 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



# Daughters of Esther Mentoring Program

---

Mentee's Full Name: \_\_\_\_\_

Current Mailing Address (No PO Box): \_\_\_\_\_

\_\_\_\_\_

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

Email Address: \_\_\_\_\_

School Name: \_\_\_\_\_

Grade in School: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

# Daughters of Esther Mentoring Program

---

Mentee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Relationship to Mentee: Mother \_\_\_ Father \_\_\_ Other, specify: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

## 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.

## Daughters of Esther Mentoring Program

---

1. Why do you/your child want to participate in a mentoring program?

---

---

---

2. Briefly describe your expectations for the Daughters of Esther Mentoring Program:

---

---

---

3. Is your child available to meet every other Saturday from October to June?

---

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. \_\_\_\_\_

---

---

### **Medical History**

Does your daughter have any physical problems or limitations? \_\_\_\_\_

## Daughters of Esther Mentoring Program

---

Is your daughter currently receiving treatment for any medical issues? \_\_\_\_\_

Is she currently on any type of medication? If so, please specify. \_\_\_\_\_

Does your daughter have any known allergies or adverse reactions to medications? If yes, please describe them below: \_\_\_\_\_

Does your daughter have any emotional issues or problems right now? \_\_\_\_\_

Is your daughter currently seeing a counselor or therapist? \_\_\_\_\_

**Please read this carefully before signing:**

*Daughters of Esther 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*

## Daughters of Esther Mentoring Program

---

*consent of the parent/guardian to allow their daughter to participate in the Daughters of Esther Mentorship Program.*

Please initial each of the following:

\_\_\_\_\_ I give my informed consent and permission for my child to participate in the Daughters of Esther Mentorship Program and its related activities.

\_\_\_\_\_ I agree to have my child follow all mentoring program 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 transported by her mentor and/or Daughters of Esther staff or representatives while participating in the Daughters of Esther Mentorship Program, and that such transportation is voluntary and at her own risk.

\_\_\_\_\_ I release the Daughters of Esther Mentorship Program of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from her participation in the program, including but not limited to transportation, and hold harmless any Daughters of Esther mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

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

Please return to one of the Daughters of Esther mentors or mail this application and the items listed above to Daughters of Esther Mentorship Program, 11775 Pika Drive, Waldorf Md, 20602

### **Mentee Interest Survey**

(To Be Completed by Youth)

# Daughters of Esther Mentoring Program

---

Mentee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete all the following. This survey will help Daughters of Esther Mentorship Program learn more about you and your interests.

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.

\_\_\_\_\_

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

List any other areas of special interest: