

Today's Date: \_\_\_\_\_

Youth Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name : \_\_\_\_\_ Contact Phone: \_\_\_\_\_

1. What kind of trouble got you referred to the STRAP/LSTRAP Program; i.e., juvenile charges, etc.? Please explain.
  
2. If you have a probation officer, please list his/her name below, and if you know the name of the Judge that referred you, please list his/her name below also.
  
3. If you have been kicked out of Gwinnett County School, what date or how long have you been out or will be out?
  
4. If you are in an alternative school what is the name/address.
  
5. If an on-line school, please name.
  
6. If you are currently a student in Gwinnett County School, what is the school name and what grade are you in.
  
7. Have you ever had a mental evaluation? If so Where? On Medication?

## STRAP Youth Mentoring Program

395 West Crogan St, Lawrenceville, Ga, 30046 (770) 978-0918

### STRAP/LSTRAP AND PRESTRAP/LSTRAP CRITERIA and CLASS GUIDELINES POLICY AGREEMENT

STRAP is the acronym for Seeking the Right Amendable Path. Our STRAP Youth Mentoring Program is an intervention/mentoring program dedicated and determined to give parents and our court systems another alternative to further incarceration of our youth. With education, guidance and mentoring of our youth, and you "our community support", we will help each of them to become our most valuable commodity " a productive member of society" that continues to give back!

Our program operates on a 6 month cycle where we meet each Saturday from 9:00 am to 12:00 noon. **EACH STUDENT IS REQUIRED TO BE AT THE STRAP CENTER NO LATER THAN 8:50AM PRIOR TO THE 9:00 AM START TIME!** If a youth is referred after our STRAP cycle has begun, we have **PreSTRAP/LSTRAP**. **PreSTRAP/LSTRAP** still necessitates you fill out an application, following the same criteria as STRAP, contact us, and we schedule a Saturday appointment at 8:00 am to 9:00 am to meet with you and your youth. You are to be at the appointment **PRIOR TO** the scheduled appointment time of **8:00 AM**, as we start **ON TIME** giving you an overview of our program and discuss with you and your youth what direction or plan of action to take until the new class cycle starts.

#### **STRAP Youth must meet the following criteria:**

1. Must be between the ages of 13-17 with **NO FELONY ARRESTS**.
2. **Must not** have more than 2 juvenile arrests.
3. Must have **NO known gang affiliations**.
4. **Must not** within the past two years had or currently have any serious mental health issues.
5. **Must not** within the past two years been on or currently on any psychiatric medication.
6. Must fill out a **STRAP application**, which *includes writing an essay* on how you feel the STRAP Program can benefit you and your family.
7. Must be willing to attend **ALL** scheduled Saturday curriculums.
8. Parent/Guardian must be willing to ensure **ON TIME TRANSPORT** of youth **TO** and **FROM** each scheduled Saturday curriculum.
9. Must be willing to **DISCONTINUE** any use of drugs (*not medically prescribed*) and/or alcohol.
10. Must be willing to submit to random drugs and/or alcohol testing.
11. Must be willing to dress in appropriate manner {**white polo shirt/khaki pants**} as STRAP SOP.
12. Parent and/or youth must be willing to **SIGN AND ADHERE to ALL** STRAP polices and procedures as defined in the STRAP SOP.

#### **STRAP Youth Mentoring Program Class Guidelines**

*Parent and youth please read the following :*

- 1) Youth must attend all classes unless an excused absence is approved by CEO.
- 2) Class will begin **EXACTLY at 9:00 A.M. EACH SATURDAY**.
- 3) No sagging pants or revealing clothing (All clothing must be neat and appropriate for daytime wear)
- 4) No cell phone usage (to include texting) during class.
- 5) Any homework assignment must be completed prior to class for youth to be allowed into class.
- 6) Youth participation is required during each class.
- 7) No cursing or any type of disrespectful behavior will be tolerated.
- 8) Youth must pass a comprehensive exam with a score of at least 70% in order to graduate.

Please sign below to signify you have read and agree to adhere to the above criteria and class guidelines.

\_\_\_\_\_  
STRAP/LSTRAP Youth Mentee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**STRAP YOUTH MENTORING PROGRAM**  
**COMMITMENT POLICY AGREEMENT**

The STRAP Youth Mentoring Program is a nonprofit organization where every instructor and staff member is dedicated and committed to guiding and inspiring our youth to make better life choices and decisions. Our instructors and staff member volunteer each Saturday to help support and teach each STRAP mentee to proactively build character, learn responsibility, leadership, integrity and a knowledge of self-awareness which are tools that we feel will empower them to “amend” their decisions and choices in their future.

As we (STRAP) are committed and dedicated to our youth, we ask that you, the STRAP mentee, and you as the STRAP parent make the same commitment and dedication by ensuring that the YOUTH BE HERE EACH AND EVERY SCHEDULED SATURDAY NO LATER THAN 8:50 AM for 9:00AM START TIME.

Since we are only here on Saturdays, each course instructive is different. The youth will be terminated from the program after missing 2 course instructives (2 scheduled Saturdays) during the entire program. FOR EACH ABSENCE A CALL PRIOR to the absence MUST BE PROVIDED. IT IS YOUR (youth or the parent) RESPONSIBILITY TO CALL US, NOT US TO CALL YOU, as our time and staff is limited.

We also understand that unforeseen circumstances may occur, therefore if a situation does arise of validity, a decision will be made by the CEO and Education Director as to the continuation of the youth in the STRAP Program.

We, the representatives of STRAP look forward to a committed, dedicated and united relationship between you, our mentee, and you the parent in helping to support our mentee and your child into becoming not only the better youth and child that amends his choices, but the leader and productive member of society that we know he can be.

I, \_\_\_\_\_ as a STRAP youth mentee, and I, \_\_\_\_\_ as the parent/guardian do hereby agree that by signing below we have read, understand and fully agree to the commitment agreement as described above, and we are also committed to the fulfillment of it.

\_\_\_\_\_  
STRAP Youth Mentee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**SEEKING THE RIGHT AMENDABLE PATH (STRAP)  
YOUTH MENTORING PROGRAM**

**TRANSPORTATION/PHOTO PROCEDURE POLICY  
AGREEMENT**

\_\_\_\_\_ I hereby acknowledge that my child may be transported by his mentor and/or STRAP/LSTRAP program staff members or representatives while participating in the STRAP Mentoring Program, and that such transportation is voluntary and at the child's own risk.

\_\_\_\_\_ I release Seeking the Right Amendable Path (STRAP), INC., STRAP Youth Mentoring Program of all liabilities of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his participation in the mentoring program, including but not limited to transportation, and hold harmless any STRAP/LSTRAP mentor, program staff member or other representatives of STRAP, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

\_\_\_\_\_ I agree to allow Seeking the Right Amendable Path (STRAP), INC., STRAP Youth Mentoring Program to use any photographic image of my child taken while participating in the mentoring program. These images are and may be used in promotion of STRAP/LSTRAP and/or other STRAP, INC., related marketing materials.

BY INITIALING ALL THE ABOVE, and SIGNING BELOW, I agree to all the items, terms and conditions listed.

\_\_\_\_\_  
STRAP/LSTRAP Youth Mentee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date