

Youth Mentoring Program



MARC'D FOR
GREATNESS
FOUNDATION

HOW TO GET STARTED!

Who Can Apply:

- Mentors, 21+ years of age
- Mentees, 8-18 years of age

Mentor Information Inside

- ✓ Eligibility Requirements
- ✓ Mentor Role Description
- ✓ Mentor Application

Mentee Information Inside

- Eligibility Requirements
- Mentee Referral Form
- Parent/Guardian Referral Letter
- Mentee Application



Visit Our Website

www.marcdforgreatnessfoundation.org

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OVERVIEW



The Marc'd For Greatness Foundation, Inc. (MFGF) is a nonprofit organization founded on July 25, 2025 in Tavares, Florida by Marc-Eddy Norelia, an international professional basketball player locally raised in Orlando, Florida. Marc is driven by a common belief that many youth in our community lack meaningful guidance and one-to-one role models. Determined to make a difference, Marc convened a group of like-minded business and community leaders to form the organization's Board of Directors and Advisory Board. With initial financial commitments from Marc, the organization has launched its Youth Mentoring Program.

MFGF's core purpose is focused in three primary areas of emphasis:

- 1)** To embody a mindset to cultivate a youth mentoring program where mentors embrace the idea of developing a nurturing, open and honest relationship with youth in the age range of 8-18.
- 2)** To accept the challenge to also engage with youth transitioning through Detention Centers and other organizations supporting at-risk youth.
- 3)** Our efforts are continuous, as we advocate to counsel post high school athletes to fully engage in a realistic development plan to enhance their future goals.



The Marc'd For Greatness Foundation Youth Mentoring Program matches adult volunteer mentors with youth in a one-to-one relationship. We ensure program quality and performance related to recruiting, screening, matching, monitoring, and closing the relationship with the mentor and child; and communicate with the mentor, parent/guardian, and child throughout the relationship. A key component of our recruitment plan is to showcase our program at a variety of schools and youth organizations; while also collaborating with business and athletic organizations to attract competent mentors and successful role models.

The purpose of this booklet is to provide an easy access document for mentors and mentees to gain a clear understanding of the Marc'd For Greatness Foundation Youth Mentoring Program. The following pages will share the organization's vision and mission statements, a profile of Marc-Eddy Norelia - the founder of Marc'd For Greatness Foundation, the eligibility requirements for mentors and mentees, as well as, the three (3) steps necessary for getting started and submitting an application for consideration to the youth mentoring program.

VISION & MISSION STATEMENTS



Vision Statement

Our aim is to assist youth to realize their potential and prepare for a productive future.

Mission Statement

Our focus is to help youth prosper and transition misguided traits of character; and to introduce positive role models from various fields, including business, sports, entertainment and the military. Our program emphasizes the importance of personal responsibility, dream building and athletic development.



MARC-EDDY NORELIA (FOUNDER)



Marc founded the Marc'd For Greatness Foundation, Inc., certified in the State of Florida, on July 25, 2025. He is a professional basketball player with extensive international experience across Europe and Asia, currently playing for Caen Basket Calvados in France. Since beginning his pro career in 2017, he played in Spain, Japan, Portugal, and France. Marc is a graduate of Florida Gulf Coast University, where he majored in General Communication and played NCAA Division I basketball. He attended high school at Olympia H.S. in Orlando, Florida.

Marc is heartfelt regarding building strong team cultures, staying mentally and physically disciplined, and representing his teams and communities with pride. He is also passionate about youth mentorship, networking opportunities, and exploring post career future roles in sports, media, and leadership.

For more information about Marc-Eddy Norelia visit his LinkedIn page:

https://www.linkedin.com/in/marc-eddy-norelia-7847b912b?utm_source=share&utm_campaign=share_via&utm_content=profile&utm_medium=ios_app



HOW TO GET STARTED



IT'S AS EASY AS 1, 2, 3!

Mentors

- 1) Review the Mentor eligibility requirements on the next page.
- 2) See the Mentor Role Description criteria within this document and fully understand the scope of this responsibility.
- 3) Complete the Mentor Application within this document and email it to:
info@marcdforgreatnessfoundation.org.

Mentees

- 1) Review the Mentee eligibility requirements on the next page.
- 2) Parents/Guardians must read the Parent Guardian Consent Letter within this document.
- 3) Complete the Mentee Application within this document. Parent/Guardian must sign acknowledging their consent and email it to:
info@marcdforgreatnessfoundation.org.

Inquiry Policy - All mentor and mentee inquiries regarding participation in our youth mentoring program must be answered within two business days.

ELIGIBILITY REQUIREMENTS

Mentors



- Be at least 21 years of age
- Reside in the state of Florida
- Be willing to adhere to all Marc'd For Greatness Foundation Youth Mentoring Program policies and procedures
- Agree to a one-year commitment to the program
- Commit to spending a minimum of eight hours a month with the mentee
- Be willing to communicate with the mentee weekly
- Complete the screening procedure
- Agree to attend mentor trainings as required
- Be willing to communicate regularly with the program coordinator and submit monthly meeting and activity information
- Have access to an automobile or reliable transportation
- Have a current driver's license, auto insurance, and good driving record
- Have a clean criminal history Have never been accused, arrested, charged, or convicted of child abuse or molestation
- Not be a convicted felon. If the applicant has been convicted of a felony then they may be considered only after a period of seven years with demonstrated good behavior and an appropriate and corrective attitude regarding past behaviors.
- Not be a user of illicit drugs
- Not use alcohol or controlled substances in an excessive or inappropriate manner
- Not be currently in treatment for substance abuse. If a substance abuse problem has occurred in the past the applicant must have completed a non addictive period of at least five years
- Not currently be under treatment for a mental disorder or have been hospitalized for a mental disorder in the past three years Not have falsified information during the course of the screening process



ELIGIBILITY REQUIREMENTS



Mentees

- Be 11–18 years old
- Reside in the state of Florida
- Demonstrate a desire to participate in the program and be willing to abide by all Marc'd For Greatness Foundation Youth Mentoring Program policies and procedures
- Be able to obtain parental/guardian permission and ongoing support for participation in the program
- Agree to a one-year commitment to the program
- Commit to spending a minimum of eight hours a month with the mentor
- Be willing to communicate with the mentor weekly
- Complete screening procedure
- Agree to attend mentee trainings as required
- Be willing to communicate regularly with the program coordinator and discuss monthly meeting and activity information



MENTOR ROLE DESCRIPTION



The Marc'd For Greatness Foundation Youth Mentoring Program helps to empower youth in our community to make positive life choices that enable them to maximize their potential. The mentoring program champions adult volunteers to commit to supporting, guiding, and being a friend to a young person for a period of at least one year. By becoming part of the social network of adults and community members who care about the youth, the mentor can help youth develop and reach positive academic, career, and personal goals.

Mentor Role

- Take the lead in supporting a young person through an ongoing, one-to-one relationship
- Serve as a positive role model and friend
- Build the relationship by planning and participating in activities together
- Strive for mutual respect
- Build self-esteem and motivation
- Help set goals and work toward accomplishing them

Time Commitment

- Make a one-year commitment
- Spend a minimum of eight hours per month one-to-one with a mentee
- Communicate with the mentee weekly
- Attend an initial two-hour training session and additional two-hour training sessions twice during each year of participation in the program
- Attend optional mentor/mentee group events, mentor support groups, and program recognition events

Participation Requirements

- Be at least 21 years old
- Reside in in the state of Florida
- Be interested in working with young people
- Be willing to adhere to all program policies and procedures
- Be willing to complete the application and screening process
- Be dependable and consistent in meeting the time commitments
- Attend mentor training sessions as prescribed
- Be willing to communicate regularly with program staff, submit activity information, and take constructive feedback regarding mentoring activities
- Have access to an automobile, auto insurance, and a good driving record

MENTOR APPLICATION



Page 1

Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Social Sec. #: _____

Date of Birth: ___/___/___ Gender: Male Female

Please list all members of your household.

Name	Sex	Age	Relationship to Applicant

Employment History

Please provide employment information for the past ___ years, with most recent position held first. If more space is needed use an extra sheet of paper.

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

MENTOR APPLICATION



Page 2

Applicant's Name: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

MENTOR APPLICATION

Page 3



Applicant's Name: _____

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 want to become a mentor?
2. Do you have any previous experience volunteering or working with youth? If so, please specify
3. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.
4. Can you commit to participate in the Marc'd For Greatness Foundation Youth Mentoring Program for a minimum of one year from the time you are matched with a youth?
5. Are you available to meet with a child eight hours per month and have contact at least once per week? Please explain any particular scheduling issues.
6. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.
7. How would you describe yourself as a person?
8. How would your friends, family, and co-workers describe you?
9. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?
10. Have you ever used illegal drugs? If so, what substances were used and how often?

MENTOR APPLICATION

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Applicant's Name: _____

11. Are you currently using any illegal drugs or controlled substances?
12. Do you drink alcoholic beverages? If so, what and how often?
13. Have you ever been convicted of a DUI, driving while under the influence of alcohol? If yes, when and what were the circumstances?
14. Do you use tobacco products? If so, what and how often?
15. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.
16. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.
17. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.
18. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.
19. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?
20. Are you willing to attend an initial mentor training session and two inservice training sessions per year after being matched?

MENTOR APPLICATION



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Applicant's Name: _____

Please read this carefully before signing:

The Marc'd For Greatness Foundation Youth Mentoring Program appreciates your interest in becoming a mentor.

Please initial each of the following:

_____ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that the Marc'd For Greatness Foundation Youth Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ (optional) I agree to allow the Marc'd For Greatness Foundation Youth Mentoring Program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following completed items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Copy of your valid driver's license and proof of auto insurance
- Information Release Form
- Personal References Form
- Interest Survey Form
- DMV Release Form (state agency form)
- Criminal History Release Form (state agency form)
- Child Abuse and Neglect Release Form (state agency form)
- Sexual Offender Release Form (state agency form)

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature _____ Date _____

Please return or mail this application and the items listed above to:

Mentoring Program Coordinator

Please return or mail:Z this application and the items listed above to:

Marc-Eddy Norelia
Marc'd For Greatness Foundation, Inc.
2391 Martins Run
Tavares, FL 32778

PARENT/GUARDIAN CONSENT LETTER



October 15, 2025

To the parents of _____:

Your son/daughter may be interested in participating in the Marc'd For Greatness Foundation Youth Mentoring Program that matches a community volunteer with a youth to serve as a one-to-one mentor. The mentor role is that of a friend, coach, and guide. A mentor would meet with your son/daughter once a week for a year and take personal interest in the growth and development of your son/daughter.

We hope that you will grant permission for your son/daughter to participate in the program. Our leadership team will offer support and guidance for both the youth and mentors and will do our best to ensure the success of the relationship.

Please review the Mentee Application with your son/daughter and provide your consent by signing the application for their consideration in the Marc'd For Greatness Foundation Youth Mentoring Program. We encourage you to have the youth help complete the application. If you have any questions, please feel free to contact me.

I look forward to hearing from you.

Sincerely,

Marc-Eddy Norelia

Marc-Eddy Norelia
Marc'd For Greatness Foundation
info@marcdforgreatnessfoundation.org

MENTEE APPLICATION

Page 1



Personal Information

Youth's Name: _____ Date: _____

Parent/Guardian Name: _____

Relationship to Youth: Mother Father Other, specify: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Youth Social Sec. #: _____

Date of Birth: ___/___/___ Age: _____ Gender: Male Female

Ethnicity: White Hispanic African American Asian Other: _____

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.

1. Why do you/your child want to participate in a mentoring program?
2. Briefly describe your expectations for the Marc'd For Greatness Youth Mentoring Program:
3. Is your child available to meet with a mentor eight hours per month and have contact at least once a week for a minimum of one year? Please explain any particular scheduling issues.
4. Is your child willing to attend an initial mentee training session and two training sessions per year after being matched?
5. Describe your child's school performance including grades, homework, attendance, behaviors, etc.
6. Does your child have friends? Please describe his/her friendships.
7. Is your child currently having any problems either at home or school?
8. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.
9. Can you provide any additional background information that may be helpful to assist us in matching your son/daughter with an appropriate mentor?

MENTEE APPLICATION



Page 2

Medical History

Name of Primary Care Physician: _____ Phone No.: _____ Medical Insurance Provider: _____ Policy Number: _____ Phone No.: _____ Does your son/daughter

have any physical problems or limitations?

Is your son/daughter currently receiving treatment for any medical issues? Is he/she currently on any type of medication? If so, please specify.

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

Does your son/daughter have any emotional issues or problems right now?

Is your son or daughter currently seeing a counselor or therapist?

Therapist's Name:

Please read this carefully before signing

Marc'd For Greatness Foundation Youth Mentoring Program appreciates you and your child's interest in his/her becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their son/daughter to participate in our youth mentoring 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 youth 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. However, we do not reveal names until there is an initial interest from the mentee, parent/guardian, and mentor based first upon anonymous information provided about each other.

Marc'd For Greatness Foundation Youth Mentoring Program appreciates you and your child's interest in his/her becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their son/daughter to participate in our youth mentoring 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 youth 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. However, we do not reveal names until there is an initial interest from the mentee, parent/guardian, and mentor based first upon anonymous information provided about each other.

MENTEE APPLICATION



Page 3

Please initial each of the following:

_____ I give my informed consent and permission for my child to participate in the Marc'd For Greatness Foundation Youth Mentoring 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 his/her mentor and/or Marc'd For Greatness Foundation staff or representatives while participating in the Marc'd For Greatness Foundation Youth Mentoring Program, and that such transportation is voluntary and at his/her own risk.

_____ I release the Marc'd For Greatness Foundation Youth Mentoring Program of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any Marc'd For Greatness Foundation mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ (optional) I agree to allow Marc'd For Greatness Foundation to use any photographic image of my child taken while participating in the youth mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return this application and any other information requested by Marc'd For Greatness Foundation staff, and that any incomplete information will result in the delay of this application being processed:

By signing below, I attest to the truthfulness of all information listed on this application, consent to my son/daughter participating in the Marc'd For Greatness Foundation Youth Mentoring Program, and agree to all the above terms and conditions.

Parent/Guardian Signature

Date

Please return or mail this application and the items listed above to:

Marc-Eddy Norelia
Marc'd For Greatness Foundation, Inc.
2391 Martins Run
Tavares, FL 32778