Youth Mentoring Program

Mentee Enrollment

Who Can Apply:

- Mentees, 8-18years of age

Mentee Information Inside

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

Visit Our Website

www.marcdforgreatness.org

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 guidancee 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 these primary areas of emphasis:

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.

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.

HOW TO GET STARTED

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

Mentees

1) Review the Mentee eligibility requirements on the next page.

2) See the Parent/Guardian Consent Letter within this document and fully understand the scope of our youth mentoring program.

3) Complete the Mentee Application within this document and email it to: info@marcdforgreatness.org.

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

ELIGIBILITY REQUIREMENTS

Mentees

- Be 8–18 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

PARENT/GUARDIAN CONSENT LETTER

Date: _____, 2026/2027

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/or 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@marcdforgreatness.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

MENTEE APPLICATION

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Application Questions

Please answer all of the following questions as completely as possible.

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 eaight hours a 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

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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

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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.
399 E Burleigh Blvd., #131
Tavares, FL 32778