



# Meadows of Hope

## Female Mentor Application

Thank you for your interest in applying to Meadows of Hope.  
Please read all the information carefully including this brief introduction.

**Ministry Theme Verse** - "This hope we have as an anchor of the soul, both sure and steadfast. It leads us through the curtain into God's inner sanctuary" (Heb. 6:19).

**Vision** - Meadows of Hope exists to disciple teen girls into a healthy relationship with God and others and responsible life choices.

**Mission** - Meadows of Hope offers hope and redemption through a family environment, equine assisted learning, and individual counseling

### **Focus of ministry:**

- In partnership with Camp Andrews in their ministry to youth, we at Meadows of Hope serve teen girls who are struggling socially, emotionally, and spiritually.
- We serve girls between the ages of 13-20.
- The teen girls who enter our program are not mandated to come to MOH; we help teen girls who are aware of their need to make a change, and who are willing to work on their problems.

### **Core Values:**

- Developing relationship with the Triune God as revealed in Scripture
- Partnering with sending ministries
- Fostering responsible stewardship of resources
- Honoring the unique and intrinsic value of each person
- Providing a nurturing environment

### **Commitment:**

- This application assists us in determining if we can meet the specific needs of the teen girl that you are serving. If for some reason we cannot help this girl, we may be able to refer you to another organization or ministry.
- Applicants to Meadows of Hope should have a desire to receive help in a Christian environment and should be willing to apply the principles of a biblical discipleship program.
- Teen girls applying to Meadows of Hope cannot be placed involuntarily by parents (or the supporting ministry/female mentor) and must desire change in their life. The desire for personal change plays a significant

part in the healing process while at Meadows of Hope. Applicants accepted to Meadows of Hope will be asked to sign a *Commitment to Change* contract prior to entry.

- Generous individuals and businesses give to Meadows of Hope which keeps program fees low and reasonable for each teen entering the program. As stewards of these gifts and to be accountable to our donors, we want to ensure that each bed is filled with a teen who wants help and who is willing to work through the program.
- If a teen decides to leave the program prematurely or is discharged due to not complying with expectations, she will need to wait for a period of time before starting the application process again, as per the discretion of the staff of Meadows of Hope.

**Directions:**

- The applicant must be between the ages of 13-20.
- Please type or print clearly with dark colored ink.
- **Note: if you do not know an answer, write “N/A” or “Don’t Know”**
- For questions, email Jenni Wagler at [jenni@meadowsofhope.org](mailto:jenni@meadowsofhope.org) or call Jenni at: 717-284-2019
- Send completed application to:  
Meadows of Hope, 1226 Silver Spring Road, Holtwood, PA 17532

**Processing Procedure:**

- Upon receipt of this ‘female mentor’ application, the supporting ministry application, the parent’s application, and teen girl’s application, we will review them and confirm that Meadows of Hope is a viable placement option for the teen girl. You will then be contacted to set up an on-site visit. At the on-site visit, a decision will be made by the Meadows of Hope staff as to whether or not we would offer you a placement opportunity.

**Today’s Date** \_\_\_\_\_

**General Information:**

1. Teen Girl’s Full Name \_\_\_\_\_
2. Does this teen want help?  Yes  No  Sometimes

**Female Mentor Information:**

3. Name of person filling out this application: \_\_\_\_\_
4. Will you be the contact person (liaison) between Meadows of Hope and the supporting ministry?  Yes  No  
If no, please give the name of the primary contact person: \_\_\_\_\_
5. What church or ministry are you involved with: \_\_\_\_\_
6. Your current role/position in this ministry: \_\_\_\_\_
7. How long have you been involved in this teen girl’s life? \_\_\_\_\_
8. What activities/programs are you involved in with this ministry? \_\_\_\_\_  
\_\_\_\_\_
9. How long have you known this teen? \_\_\_\_\_
10. How long has this teen been involved with this ministry? \_\_\_\_\_
11. Which specific activities is this teen girl involved in with this ministry? \_\_\_\_\_  
How regularly does she attend? \_\_\_\_\_

- Has she ever been suspended or expelled from ministry activities? \_\_\_\_\_
12. How has this teen's life been touched, in positive ways, through this ministry? \_\_\_\_\_
- \_\_\_\_\_
13. Mailing address for future correspondence, relating to this teen girl: \_\_\_\_\_
- \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Please answer these questions about the parents or guardians, either biological or adoptive, who have been involved in raising this teen:

14. Briefly describe teen's relationship with her Father: \_\_\_\_\_
- \_\_\_\_\_
15. Briefly describe teen's relationship with her Mother: \_\_\_\_\_
- \_\_\_\_\_
16. Please check the word or phrase below that best describes the marital status of the teen's parents:  
 Never married     Married to each other     Divorced     Re-married
17. Explain the kind of relationship this teen has with her brothers and sisters: \_\_\_\_\_
- \_\_\_\_\_

### Personal History

18. Is this teen adopted?     Yes     No    If yes, age adopted: \_\_\_\_\_
- If yes, describe circumstances: \_\_\_\_\_
- \_\_\_\_\_
- Has this teen ever been placed in a foster care home?     Yes     No
19. Has this teen ever been in a treatment program (residential or non-residential)     Yes     No
- Where? \_\_\_\_\_ Dates \_\_\_\_\_
20. Has this teen ever tried to commit suicide?     Yes     No    When? \_\_\_\_\_ How? \_\_\_\_\_
21. Has this teen ever self harmed?     Yes     No    How? \_\_\_\_\_
- At what age did she start and is this a current struggle? \_\_\_\_\_
22. Has this teen ever been a victim of rape?     Yes     No    What age? \_\_\_\_\_
23. Has this teen ever been the victim of sexual abuse?     Yes     No    What age? \_\_\_\_\_
24. Has this teen ever been the victim of physical abuse?     Yes     No    What age? \_\_\_\_\_
25. Has this teen ever been involved in prostitution?     Yes     No
26. Has this teen ever been involved in sex trafficking?     Yes     No
27. Has this teen ever experienced a significant amount of confusion about her sexuality?     Yes     No
28. Does she have, or has she had, a problem with food or eating?     Yes     No    If yes, explain: \_\_\_\_\_
- \_\_\_\_\_
29. To the best of your knowledge, is this teen sexually active now?     Yes     No

**Personal/Spiritual Questions:**

30. Check those that apply to this teen (personality/character strengths):

- |  |  |
|--|--|
| <input type="checkbox"/> Shows insight into her problems               | <input type="checkbox"/> Shows remorse for bad behavior      |
| <input type="checkbox"/> Creative                                      | <input type="checkbox"/> Honest                              |
| <input type="checkbox"/> Sense of Humor                                | <input type="checkbox"/> Strong Conscience                   |
| <input type="checkbox"/> Leadership potential                          | <input type="checkbox"/> Listens to others                   |
| <input type="checkbox"/> Good health                                   | <input type="checkbox"/> Accepts constructive criticism well |
| <input type="checkbox"/> Works hard at tasks                           | <input type="checkbox"/> Expresses thankfulness              |
| <input type="checkbox"/> Energetic                                     | <input type="checkbox"/> Has strong church support system    |
| <input type="checkbox"/> Intelligent                                   | <input type="checkbox"/> Displays perseverance               |
| <input type="checkbox"/> Athletic                                      | <input type="checkbox"/> Displays courage                    |
| <input type="checkbox"/> Has a personal relationship with Jesus Christ | <input type="checkbox"/> Has personal goals                  |
| <input type="checkbox"/> Compassionate                                 | <input type="checkbox"/> Connected to the family             |
| <input type="checkbox"/> Expresses feelings/emotions                   | <input type="checkbox"/> Likes herself                       |
| <input type="checkbox"/> Organized                                     | <input type="checkbox"/> Responds to authority               |

Any other comments about this teen's personality/character strengths: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

31. What do you most like about this teen? \_\_\_\_\_

\_\_\_\_\_

32. What do you like least about this teen? \_\_\_\_\_

\_\_\_\_\_

33. Have this teen ever committed her life to Jesus Christ?  Yes  No Date: \_\_\_\_\_ Place: \_\_\_\_\_

Currently, describe where she is at in her spiritual growth: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you see as necessary for her to take the next step? \_\_\_\_\_

\_\_\_\_\_

What have you been doing to assist her in this process? \_\_\_\_\_

\_\_\_\_\_

What are the things that are hindering her growth? \_\_\_\_\_

\_\_\_\_\_

34. To your knowledge, has this teen ever witnessed or been involved in occult activities?  Yes  No

If yes, write out a detailed explanation of the involvement with the occult: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

35. Describe this teen's primary areas of difficulty \_\_\_\_\_

\_\_\_\_\_

When did these behaviors begin? \_\_\_\_\_

What seems to make these problems worse? \_\_\_\_\_

What seems to make these problems better? \_\_\_\_\_

What have you done to try to solve these problems? \_\_\_\_\_

Please list any other concerns: \_\_\_\_\_

36. What are the current challenges/dysfunctions within the child's family?

When did these behaviors begin? \_\_\_\_\_

What seems to make these problems worse? \_\_\_\_\_

What seems to make these problems better? \_\_\_\_\_

What have you done to try to solve these problems? \_\_\_\_\_

Please list any other concerns: \_\_\_\_\_

37. How do you hope Meadows of Hope will be able to help this teen girl? \_\_\_\_\_

38. How do you hope Meadows of Hope will be able to help the family? \_\_\_\_\_

39. How do you envision Meadows of Hope equipping you (the Supporting Ministry) in walking alongside this teen and her family? \_\_\_\_\_

**Female Mentor Commitment...**

The short and long term success of the MOH program is significantly based on the love and support of the parent(s)/guardian(s), supporting ministry representative, and the female mentor both during the extent of the program and after graduation.

The parent/guardian and the female mentor shall write to their teen girl at least once a week.

The parent/guardian shall call and talk with their teen girl once a week, starting after the first session (first six weeks). The female mentor is encouraged to call the teen girl once a week too. Home visits will occur approximately every eight weeks and each home visit will be about one week.

Female Mentor Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Upon receipt of all three applications (mentioned on page 2), if Meadows of Hope staff determines that this teen girl is a viable placement option, the next step in the intake process is an on-site visit. During this visit, Meadows of Hope provides diagnostic assessments of behavioral problems and needs in an interview. In addition, there is an analysis of educational needs in order to assess potential entry level into Meadows of Hope Christian School. Therefore, it is essential that the parent(s)/guardian(s), supporting ministry, the applicant, and the female mentor participate in the interview process. By signing this application, I agree to participate in the interview that will be part of the on-site visit and to provide all necessary information which may assist the Meadows of Hope staff in the intake process. I understand that this signature does not obligate this teen to enter the program.

\_\_\_\_\_  
Signature of Female Mentor

\_\_\_\_\_  
Date

**Before You Send the Application to Meadows of Hope - Check off List:**

- Completed application, with signature
- Any other information that would help us make an adequate assessment of this teen girl