

PEER MENTOR APPLICATION

Personal Information:

Name _____
First Last

Address _____
Street City State ZIP

Home phone _____ Mobile phone _____

E-mail address _____

Gender Male Female Grade _____ Age _____

Volunteer Information:

1. What do you feel are the strengths (bilingual, math skills, previous relevant volunteer experience, etc.) you can bring to this program?

2. Write a brief statement on why you have chosen to participate in the peer mentor program.

3. Initial the two statements below:

_____ I understand that the mentor program involves spending one hour every week for the academic year (January-April) at The Center with an assigned student.

_____ I understand that I will be required to complete the mentor program orientation

4. Yes No Within the past 10 years, have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance?

5. Yes No Are you under current indictment or has a district/county attorney accepted an official complaint for any of the offenses in question #4?

6. If the answer is YES to questions 4 or 5, please explain below:

7. Why do you want to become a mentor?

8. Please list 3 references (please include at least one family member, one personal friend and one teacher):

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent mentor application forms, is grounds for dismissal.

Signature

Date

Other Information:

1. Do you prefer working with a quiet, reserved child? Yes No No Preference

2. Do you prefer working with an outgoing child? Yes No No Preference

3. Please list any hobbies or interests you may have:

4. What clubs or groups, if any, do you belong to?

5. My favorite subject in school is

6. My least favorite subject in school is

7. What individual has served as a role model for you? Why?

TEACHER RECOMMENDATION FORM

Student Name: _____ Grade Level: _____

Teacher Name: _____ Telephone Number: _____

Please rate the performance of the above named student using the scale provided. For responses rated a 1 or 2, please provide comments.

Activity	Needs Excellent Improvement					Comments
Attends school regularly	1	2	3	4	5	
Is on time to class	1	2	3	4	5	
Completes class assignments on time	1	2	3	4	5	
Is a positive example to others	1	2	3	4	5	
Respects and honors school environment	1	2	3	4	5	
Shows positive attitude in class	1	2	3	4	5	
Gets along well with others	1	2	3	4	5	
Demonstrates eagerness and capacity to learn	1	2	3	4	5	
Engages in school activities	1	2	3	4	5	
Shows ability to make and keep commitments	1	2	3	4	5	
Receptive to new ideas	1	2	3	4	5	
Accepts responsibility	1	2	3	4	5	
Demonstrates initiative	1	2	3	4	5	

What do you see as the student's area(s) of strength?

Would you allow this student to mentor one of your children? Explain

Is there any reason this student should not be accepted as a mentor in our program?

As mentors, students are required to meet with their mentee once a week, attend trainings and participate in regularly planned activities. Would this student be able to carry out the responsibilities of being a mentor in the program? Yes No

Signature of Teacher

Date