



Peer Mentor Application (High School Volunteer)

Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

email: _____ Cell Phone: _____

Year in School _____ Date of Birth: ____ / ____ / ____ Gender: Male ___ Female ___

Staff/Faculty Recommendations (Please sign below to recommend this student.)

“As a staff/faculty member of a student of Burlington Community School District,

I recommend _____ as a candidate for mentoring.
(Student's Name)

He/She has proven his/her academic skills in the *classroom* and is a mature young adult worthy of this important level of responsibility.”

Teacher's Name (please print) _____

Teacher's Signature _____

Please list **all clubs, teams, organizations, or groups** to which you belonged to or competed in school.

Please list all acts of **COMMUNITY SERVICE (volunteer activities)** in and outside of school.

Volunteer Questions Continued

Please list any **awards, honors, or titles of recognition** that you have received. Also include activities that demonstrate your **LEADERSHIP** abilities.

Please list your **top 3 hobbies or interests**:

Please list the top 3 things you would do with your mentee:
(ex: Arts/Crafts, Sports, Sing/Music, Board Games)

1) _____
2) _____
3) _____

1) _____
2) _____
3) _____

Contact and Information Release

Parent Signature and Consent:

I hereby grant permission BCSD and Club M to make contact with my child and conduct a personal interview for the purposes of applying to be a mentee. Club M may also make contact with my child on school premises for the purposes of screening and interviewing as well as ongoing support of his/her participation in the mentoring program.

I hereby authorize Club M to obtain any needed information regarding my child from his/her school’s staff, including academic and behavioral records and conversations with teachers, counselors and other administrative staff.

Further, I understand that basic information about my child will be anonymously (without names) shared with prospective mentees to aid in determining a suitable match. Once a mentor/mentee match is determined, my and my child’s identity and other relevant information will be shared with the mentee to the extent it aids in facilitating a successful match.

(Parent Signature)

Date

Youth Mentor please initial here:

_____ I am in receipt of the *Child Safety Handbook* provided by the program and understand the rules, policies, and child safety regulations. I understand the child abuse reporting procedures and policies as outlined in the handbook.

I hereby certify that all the above is correct to the best of my knowledge. As a maturing young adult, I would testify to the previously listed information. I understand that this form is an application and I will be contacted by the Mentoring Program Coordinator of the Club M program. ***If accepted, I promise to abide by the rules of the Student Mentors below.***

(Signature of Youth Mentor)

Date

STUDENT MENTOR RULES

- Peer Mentors must attend an initial *Mentor Training* workshop.
- All Peer Mentors must maintain their grades and academic responsibilities while in this program.
- Peer Mentors agree to meet with their mentees at least twice per month for the school-year.
- Any Peer Mentor who exhibits a loss of character will be released from mentoring and will not receive a reference from the program.

Loss of character is defined as:

- A. Suspension from school
- B. Negative attitude toward your school district
- C. Excessive detentions
- D. Cutting class
- E. Fighting
- F. Drinking or smoking in violation of your school district
- G. Stealing
- H. Confrontational behavior