**Teen Mentor Application (Sample)**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a part-time job? [ ]  Yes [ ]  No If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Interests and Experience**

Have you previously mentored with a mentoring program in the past? [ ]  Yes [ ]  No

If so, please indicate the program and dates of involvement:

Are you a member of any other clubs, affiliations or organizations? If so, please list:

What are your interests, hobbies, and/ or extracurricular activities?

What strengths and experiences do you have to offer to the teen mentoring program?

Why do you want to become a teen mentor?

**Availability**

Please indicate your availability for the teen mentoring program. Check the box if you are available:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Block 1** | **Block 2** | **Lunch** | **Block 3** | **Block 4** | **After School** |
| Monday |[ ] [ ] [ ] [ ] [ ] [ ]
| Tuesday |[ ] [ ] [ ] [ ] [ ] [ ]
| Wednesday |[ ] [ ] [ ] [ ] [ ] [ ]
| Thursday |[ ] [ ] [ ] [ ] [ ] [ ]
| Friday |[ ] [ ] [ ] [ ] [ ] [ ]

**References**

*All references must be over 18 years of age.*

**1. School Reference** (Teacher or Counsellor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many years have you known this person? \_\_\_\_\_

**2. Family Reference:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many years have you known this person? \_\_\_\_\_ In what capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Character Reference:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Could be a coach, employer, religious leader, doctor or family friend)*

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many years have you known this person? \_\_\_\_\_ In what capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby waive the right to request disclosure of the personal reference information given about me by the individuals indicated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student Date

**Teen Mentor Parent/Guardian Information and Permission Form (Sample)**

Dear Parents and Guardians,

Your child is interested in participating in **<mentor’s school/community group’s>** Teen Mentoring Program. Teen mentoring involves youth providing support, advice, friendship and role modeling to younger youth. If your child is accepted, they will mentor a student mentee(s) in grade(s) **<mentee grade(s)>** at **<mentee’s school name>**. Youth are trained and supported to mentor and serve as positive role models to mentees in a structured environment under the supervision and guidance of school staff. Students are required to make a commitment to their mentee(s) and the program for **<program timeline>**.

Teen mentoring has the potential to have a powerful impact on students and supports a positive, safe and inclusive school culture. Mentoring provides opportunities for learning new skills, increasing leadership potential, and encouraging healthy engagement in school activities. Mentoring relationships provide a stronger connection to the school and create a system of support and belonging for students. Teen mentoring helps youth develop into active listeners and caring individuals. The goals of **<school/ community group’s>** Teen Mentoring Program are **<goals, purpose>**.

Your child is asked to submit **<#>** references as part of the application process. By signing this release, you give permission for staff to contact any or all of these references in confidence for the purposes of processing the application.

We expect the teen mentoring program will be an enjoyable experience for both the mentors and mentees and will contribute to a welcoming, caring, respectful and safe learning environment. Parents and guardians can support the program by talking to their children about their mentoring experiences throughout the year and the skills they are gaining.

If you have any questions about the teen mentoring program, please contact **<staff name(s)>** at **<contact e-mail and phone number>**.

Sincerely,

 **<Name, Title>**

*Please complete and return to school.*

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ grant permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (name of parent/guardian) (first and last name of student)

to participate in the Teen Mentoring Program at **<school /community agency>**.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Signature of parent/guardian