**Teen Mentor Screening Checklist (Sample)**

**Applicant’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 

|  |  |  |  |
| --- | --- | --- | --- |
| **Screening Item** | **Completed Successfully**  **Yes No** | | **Date** |
| Orientation |  |  |  |
| Application |  |  |  |
| Parent Permission |  |  |  |
| Teacher/ Administrator Permission |  |  |  |
| Interview |  |  |  |
| References |  |  |  |
| Criminal Record Check (ages 18+) |  |  |  |
| Teen Mentor Contract |  |  |  |
| Online AMP Mentor Training |  |  |  |
| In Person Training |  |  |  |

**Applicant Status**

|  |  |
| --- | --- |
| Accepted | Date |
| Notified of acceptance |  |
| Matched |  |

|  |  |
| --- | --- |
| Rejected | **Date** |
| Notified of rejection |  |

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

**Signature of Program Coordinator Date**