

**HI TEEN MENTOR PROGRAM  
VOLUNTEER APPLICATION**

(Please print in ink or type)

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last Name First Name Birth Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip e-mail

Cell # \_\_\_\_\_ Other Phone # \_\_\_\_\_

Please circle one:      New Volunteer      Returning Volunteer

High School \_\_\_\_\_ Grade \_\_\_\_\_

Please list the first and last names of two teachers at your school that would recommend you to be a mentor.

Why would you like to be a mentor?

What personal qualifications do you have that would enable you to be a good mentor?

Please list other commitments, ie. Extracurricular Activities/Sports/Jobs

Preferred Grade / School Location: \_\_\_\_\_

Preferred Day(s) \_\_\_\_\_ Preferred Time \_\_\_\_\_

Please circle one:  
Will volunteer Full School Year      Will volunteer Fall Semester only      Will volunteer Spring Semester only

**(For Office Use Only)**

Discipline clearance date: \_\_\_\_\_

Orientation date: \_\_\_\_\_

Mandated Reporter video: \_\_\_\_\_

Name Badge: \_\_\_\_\_

Location/Contact: \_\_\_\_\_

HI-TEEN MENTOR PROGRAM  
STUDENT CONTRACT

Congratulations on your decision to participate as a volunteer in the Hi-Teen Mentor Program. Mentors are assigned to an after school program at one of the elementary sites in your school district and are matched with a child selected from that program. **It is necessary that each mentor be able to attend weekly mentoring sessions at his/her assigned elementary school for the duration of the commitment.** Failure to attend on a regular basis could result in dismissal from HiTeens.

Please sign the student contract and have your parent read and sign the permission segment below. The signed form along with your application must be turned in to the Mentor Program Manager at the orientation training held at your high school.

Student mentors are regarded as positive leaders and their behavior should set a good example for others. Mentors will be expected to meet **weekly** with their assigned child at the elementary school and follow all school and after school rules and guidelines.

Please be aware that recommendations based on your high school discipline records will be used in the program approval process and that periodic discipline clearance checks will be conducted. It is the responsibility of the mentor to immediately inform the Mentor Program Manager of any infraction of the Student Code of Conduct ([http://www.fcboe.org/discipline/docs/codeofconduct\\_secondary.pdf](http://www.fcboe.org/discipline/docs/codeofconduct_secondary.pdf)) resulting in disciplinary action, or illegal act resulting in judicial consequences. Failure to do so will be grounds for immediate dismissal from the program.

Jane Gough, Program Manager  
Friends Mentor/Tutor Program  
770-460-3990 ext. 255

I, \_\_\_\_\_ agree to conduct myself according to the standards set forth by the Hi-Teen mentoring program. I voluntarily commit to meeting **weekly** with a child at a chosen sight through the end of the commitment and agree to notify the Mentor Program Manager of any infraction of the Student Code of Conduct or illegal act resulting in judicial consequences. I understand that absences exceeding five in the time committed could result in dismissal from the program.

I agree to keep in confidence all discussions with my mentee including their identifying information. The exception is information that might put children at risk if withheld.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

PARENT PERMISSION

I give my permission for \_\_\_\_\_ to participate in Hi-Teen Mentoring. I have read the information above and my student understands (s)he will meet **weekly** with a child from the after school program through the end of the commitment. Further, I understand that approval for this program is based on positive recommendations from high school faculty and exemplary discipline records. I will notify the Mentor Program Manager of any infraction of the Student Code of Conduct or illegal act resulting in judicial consequences.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date