



Peer Mentor Application

PERSONAL INFORMATION

Name: _____ High School: _____
(Last) (First)

Address: _____
(Street) (Town) (State) (zip)

Grade: _____ Gender: _____

Home Telephone: _____ Cell: _____

Email Address (for use solely for the Mentor Program): _____

MENTORING INFORMATION

Which school would you like to be placed at as a Peer Mentor? Please indicate three schools in order of preference. Note: Only Juniors and Seniors can mentor in middle schools.

Elementary Schools

Aiken	<input type="checkbox"/>	Duffy	<input type="checkbox"/>
Braeburn	<input type="checkbox"/>	Morley	<input type="checkbox"/>
Bugbee	<input type="checkbox"/>	Norfeldt	<input type="checkbox"/>
Charter Oak	<input type="checkbox"/>	Smith	<input type="checkbox"/>

Middle Schools

Bristow	<input type="checkbox"/>
King Philip	<input type="checkbox"/>
Sedgwick	<input type="checkbox"/>

List your interests/hobbies:

PEER MENTOR RECOMMENDATION

I heartily recommend, _____ to become a peer mentor.

School Counselor/Teacher Name: _____

Signature: _____ Date: _____

MENTORING AVAILABILITY

Do you play any sports? Yes No

If yes, list the sports that you participate in and date when practices begin:

_____	Fall	_____	Date
_____	Winter	_____	Date
_____	Spring	_____	Date

What day(s) and time(s) are you available to mentor? Be specific with time(s).

(Mentoring sessions must take place prior to the end of the elementary /middle school day.)

Mon.: _____ Tues.: _____ Wed.: _____
Thurs.: _____ Fri.: _____

Why are you interested in becoming a peer mentor? What qualities and/or experiences do you have that would allow you to work well with children?

MENTORING TERMS AND CONDITIONS

I understand that I will be committing to be a peer mentor for the school year of 20__ to 20__, and I agree to attend weekly scheduled sessions at my assigned school. If for any reason I am unable to attend, I will contact the School Site Coordinator in advance of my scheduled session. I will provide my own transportation to my assigned school. Prior to any scheduled sessions, I WILL ATTEND THE PEER MENTOR WORKSHOP (a scheduled date will follow).

Student Signature: _____ Date: _____

Print Name: _____ Date: _____

I understand that any photographs and/or videos taken of my son/daughter that are related to the Mentor Program become the property of West Hartford Public Schools and may be included in program materials.

- I give permission to photograph/video my son/daughter for program purposes.
- I DO NOT give permission to photograph/video my son/daughter for program purposes.

Parent/Guardian Signature: _____ Date: _____

Return Application to: Ms. Carol Wilkas' mailbox-Conard High School