

# MENTOR APPLICATION



## PERSONAL INFORMATION:

SCHOOL:										
STUDENT NAME:							BIRTHDAY:			
HOME ADDRESS:					CITY:			ZIP:		
HOME TELEPHONE:					CELL:					
E-MAIL ADDRESS:										
NAME OF PARENT(S):										
Please check all that apply:	African-American	Native American or Alaska Native	Asian or Asian-American	Latino or Hispanic	Native Hawaiian or Pacific Islander	White-Not Hispanic	Biracial or Multiracial	Other: Specify		
STUDENT ETHNCITY:										

### THE MISSION:

FNL Mentoring provides opportunities for young people to be in ongoing mutually beneficial, caring relationships that strengthen a young person's resiliency to the challenges they face in life.

## ACADEMIC INFORMATION:

GRADE:                       10<sup>th</sup>     11<sup>th</sup>     12<sup>th</sup>      GRADE POINT AVERAGE: \_\_\_\_\_      ATTACH A COPY OF CURRENT SCHOOL TRANSCRIPTS

SCHOOL: COUNSELOR: \_\_\_\_\_

ELEMENTARY: SCHOOL: \_\_\_\_\_

MIDDLE SCHOOL: \_\_\_\_\_

FAVORITE SUBJECT: \_\_\_\_\_

LEAST FAVORITE SUBJECT: \_\_\_\_\_

AREAS OF STRENGTH: \_\_\_\_\_

AREAS OF WEAKNESS: \_\_\_\_\_

EXTRA-CURRICULAR ACTIVITIES: \_\_\_\_\_

CAREER GOAL: \_\_\_\_\_

HOBBIES/INTERESTS: \_\_\_\_\_

Why are you interested in becoming a high school mentor? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What life experience or skills would you like to share with a younger student? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can you devote the necessary time and commitment that is required by the FNL Mentoring program? Y or N

How would you mentor a protégé (middle school student) who:

a.) failing one or more class? \_\_\_\_\_

\_\_\_\_\_

b.) having difficulty getting along with other students? \_\_\_\_\_

\_\_\_\_\_

c.) experimenting with drugs or alcohol? \_\_\_\_\_

\_\_\_\_\_

Do you have a vehicle or a reliable source of transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

List three things you want to learn about at the Mentor Training : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach:

- 2 teacher references
- 1 reference from an adult of your choice (clergy, counselor, and/or family friend)
- Attach a copy of current school transcripts

Applicant's Signature: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

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