Friends for Youth Initiative (FYI) in partnership with

Dominion's Powered by a Mentor

Waterford's Mentoring Partnership

Middle School Student Application

Name: _____ Date of Birth: ___ – ___ – ____

Address: _____ City: _____

Zip Code: _____ Phone Number: _____

Why do you want to have a mentor?

_____

Describe health issues we should be aware of (i.e. allergies, physical limitations, etc.).

_____

What interests and skills do you have (i.e. sports, reading, writing, computers, video games, theater, music, mechanical, dirt biking, etc.)?

_____

Grade: _____ Teacher: _____

Are you willing to stay after school once a week? _____

If so, which days are best?

_____

Parent/Guardian Information

Name: Marital Status:

No. of Children in Family:

Student Agreement

I, , understand that my mentor and I will have weekly appointments. If I am not in school or cannot make my appointment, it is my responsibility to the school office or WYSB to either cancel or reschedule my appointment with my mentor.

Signature:	Date:

Parent/Guardian Agreement

I, , understand that my son/daughter is participating in a voluntary program that he/she has the opportunity of being selected for. I understand that the mentor that he/she will work with will have gone through an intense application process and that the mentor is volunteering his or her time weekly to spend with my son/daughter. All sessions will take place at a convenient time and place for both on school grounds during school hours. **Release of information:** I understand that for the program to run effectively, it will be necessary for school/WYSB personnel to contact the mentor if my son/daughter is absent from school or unable to meet the mentor on the day of the scheduled meeting.

Signature:	Date:

*Application adapted from the Connecticut Mentoring Partnership.

For further information and questions contact Dani Gorman, Director,
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(860) 444-5848