

# HIGH SCHOOL STUDENT APPLICATION



## Connecting Generations

### Creative Mentoring Program

The information provided in this application will help to match you with a student and will be kept confidential. Please **print** all information.

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Do you have reliable transportation? \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Gender  Male  Female

Race  African-American  Asian  Caucasian  Hispanic  
 Indian  Native American  Other \_\_\_\_\_

### Your School Information:

High School Name \_\_\_\_\_

Grade \_\_\_\_\_ GPA \_\_\_\_\_

What days and time are you available to mentor? \_\_\_\_\_

### Mentoring Location:

School Name \_\_\_\_\_

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## Referral

How did you hear about the Creative Mentoring program? \_\_\_\_\_

## About Yourself

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Please tell us about yourself: Interests, Family, Volunteer Activities, Etc.

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Have you ever mentored or worked with children? (Please tell us about your experiences)

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Other Languages Spoken \_\_\_\_\_

Have you ever been refused participation in any other youth programs?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been arrested?  Yes  No

Have you had any involvement with the police or courts?  Yes  No

If you answered yes to either of the two questions above, please explain:

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Connecting Generations records are not available for review by volunteers, children or parents/guardians. All personal information shall be treated in a confidential manner.

Completion of this application does not guarantee acceptance into this program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please see your site coordinator about scheduling a training session.

**Please return completed application packet to:**

Connecting Generations  
100 W. 10<sup>th</sup> Street, Suite 1115  
Wilmington, DE 19801

Phone: 302.656.2122

Fax: 302.656.2123

[www.connecting-generations.org](http://www.connecting-generations.org)

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## Connecting Generations

### Creative Mentoring Agreement

As a mentor, I, \_\_\_\_\_ agree

(Print Name Here)

- To attend a Making the Connection training session before beginning to mentor.
- To meet with my mentee for 30 – 60 minutes each week, for at least the remainder of the current school year. (I understand that continuing this relationship beyond this school year is encouraged.)
- To be on time for my scheduled mentoring sessions.
- To notify the school or school coordinator if I am unable to attend my weekly mentoring session.
- To engage in the mentoring relationship with an open mind.
- To ask for help and accept assistance from my mentee's teachers, support staff, and school coordinator when necessary.
- To keep discussions with my mentee confidential except where his/her safety and/or welfare may be in jeopardy.
- To notify Connecting Generations and the school coordinator of any changes in my address, email address, and/or telephone numbers.
- To notify the school coordinator if I wish to change my assigned student or schedule.
- To complete and submit a Connecting Generations survey when requested.
- To notify Connecting Generations and the school coordinator if I no longer wish to mentor.
- **To meet with my mentee only in school or during school-sponsored activities as stated in his/her parents' permission form.**
- **To acknowledge that all social media contact information is prohibited. We do not have parent permission for mentors and mentees to have contact on social media websites, cell phones, or via email.**

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Signature

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Date