

FNL MENTORING



MENTOR APPLICATION FORM

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:

10th 11th 12th

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: _____

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MENTOR APPLICATION FORM (CONTINUED)

Why are you interested in becoming a high school mentor?

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

What day(s) do you have available to meet with the protégés (after school)?

Do you have a vehicle? Yes _____ No _____

Other Comments: _____

Please attach:

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

Applicant's Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____