

CAMP S.W.A.G.

Students With Ambitions & Goals

PEER MENTOR APPLICATION

SECTION ONE: PERSONAL INFORMATION

Name: _____

Gender: _____

Ethnicity: African-American or Black Asian
 Hispanic or Latino Native American
 Pacific Islander Other, please explain _____

Date of Birth: _____ Age: _____

Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

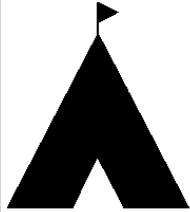
E-Mail: _____

Alternate Contact: _____

This can be a cell, email, or person

What grade are you current in? _____

What school do you attend? _____



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SECTION TWO: PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 Name: _____

Parent/Guardian #1 Address: _____

Parent/Guardian #1 Email: _____

Parent/Guardian #2 Name: _____

Parent/Guardian #2 Address: _____

Parent/Guardian #2 Email: _____

SECTION THREE: STUDENT EMPLOYMENT INFORMATION (IF EMPLOYED)

Occupation: _____

Employer Name: _____

Title: _____

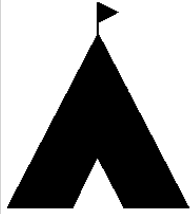
Work phone: _____

Email: _____

Length of employment: From _____ to _____

Name of Supervisor: _____

Title: _____



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SECTION FOUR: MENTORING INFORMATION

Indicate your grade preference: Elementary school Junior high/middle school

Do you prefer working with a girl or boy?

Do you prefer working with a quiet, reserved child? Yes No No Preference

Do you prefer working with an outgoing child? Yes No No Preference

Do you prefer working with a student from a specific racial/ethnic group? Yes No

No Preference, If yes, please specify: _____

Do you speak a foreign language(s)? _____. If yes, please specify: _____

What days of the week are you available to volunteer? (check all that apply):

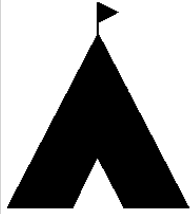
Monday Tuesday Wednesday Thursday Friday

Saturday Sunday

What is the best time for you to volunteer? (check all that apply):

Mornings Afternoons Evenings Weekends

What do you feel are your strengths (bilingual, math skills, previous relevant volunteer experience, etc.)



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Why do you want to be a peer mentor?

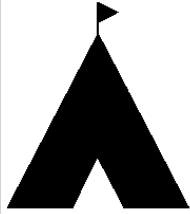
Do you have any previous experience volunteering, mentoring, or working with younger students?

Do you have any hobbies or special skills?

What support or resources would you need to be successful as a mentor?

Do or did you have a mentor? What was successful and challenging about being mentored?

What clubs or groups, if any, do you belong to? _____



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My favorite subject in school is _____

My least favorite subject in school is _____

Please put an X by the activities you enjoy the most:

Playing sports such as _____

Watching sports such as _____

Writing

Reading

Listening to music such as _____

Photography

Attending plays

Going to the movies

Arts and crafts

Visiting zoos and parks

Visiting museums

Using computers

Playing games

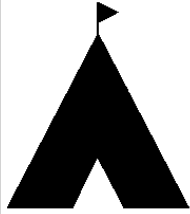
Cooking

Exploring possible careers

Hiking and seeing nature

Other _____

What individual serves as a role model for you? Why? _____



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If you could recommend one book for your mentee to read, what would it be and why?

Please initial the two statements below:

___ I understand that the Camp S.W.A.G. Mentoring Program involves spending a minimum of one hour every week for one calendar school year.

___ I understand that I will be required to complete the Camp S.W.A.G. Mentor Program orientation and at least two training sessions during the year.

REFERENCES

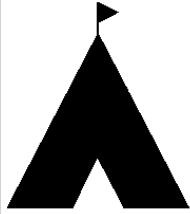
Please list the names, addresses, and phone numbers of at least two personal character references, plus at least one employer references (if you are employed). Please list only non-relatives you have known for at least a year.

Reference 1: Name: _____ Years Known: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____



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Reference 2: Name: _____ **Years Known:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Relationship:** _____

Reference 3: Name: _____ **Years Known:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Relationship:** _____

Reference 4: Name: _____ **Years Known:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Relationship:** _____

Reference 5: Name: _____ **Years Known:** _____

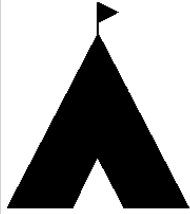
Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Relationship:** _____

Please read this carefully before signing:

By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed. If I fail to sign, it may be grounds for rejecting me as a peer mentor.



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I have read and understood the program's rules, regulations, and responsibilities for becoming a peer mentor. If selected I will follow the rules of the program and be a dedicated peer mentor. I agree to the time commitment to my mentee of 4 hours (one hour per week) a month for one school year. I also understand that misinformation knowingly provided here, and on subsequent mentor application forms, is grounds for dismissal.

Peer Mentor Signature

Date

Parent/Guardian Signature

Date