

2. What activities in and out of school are you involved in?

3. What are your career goals or what types of careers interest you?

4. Would you like to attend college after you graduate?

Yes No Maybe

5. What would you like to learn more about or become better at with the help of a mentor?

6. What three words best describe you?

Favorites

Food _____

Book _____

Movie _____

Music _____

Song _____

Person _____

School Information

1. Name of school: _____ Grade: _____

Guidance counselor: _____

2. List the classes that you are taking this year:

3. What are your favorite subjects?

4. What subjects (if any) do you feel you need help with?

Match Information

Do you have any preferences concerning your mentor? (Profession, same ethnic background, same interests, etc.)

Why would you like to have a mentor?

What days of the week are you available to participate? (Check all that apply)

Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday

What is the best time for you to participate? (Check all that apply)

Afternoons Evenings Weekends

Thank you for taking the time to fill out this application!
As soon as we receive your application, we will schedule an interview.
Pairings with mentors will be made as soon as we find a good match.

Please return the application to:

Railroad Street Youth Project
P.O. Box 698
Great Barrington, MA 01230

Phone: 413.528.2475

Mentee Contract

Name: _____ Date: _____

By choosing to participate in Railroad Street Youth Project's Mentoring Program, I agree to:

- ♦ Follow all rules and guidelines as outlined by the program coordinator, mentee training, program policies, and this contract
- ♦ Have a positive attitude and be respectful of my mentor
- ♦ Make a six month commitment to being matched with my mentor
- ♦ Meet at least four hours per month with my mentor
- ♦ Make at least weekly contact with my mentor
- ♦ Obtain parent/guardian permission for all meeting times at least three days in advance, if possible
- ♦ Be on time for scheduled meetings or call my mentor at least 24 hours beforehand if I am unable to make a meeting
- ♦ Discuss monthly meeting times and activities with the program coordinator, and regularly and openly communicate with the program coordinator as requested
- ♦ Inform the program coordinator of any difficulties or areas of concern that may arise in the relationship
- ♦ Participate in a closure process when that time comes
- ♦ Notify the program coordinator if I have any changes in address or phone number
- ♦ Attend mentee training sessions twice per year

_____ (please initial) I understand that upon match closure, future contact with my mentor is beyond the scope of the Railroad Street Youth Project Mentoring Program and can happen only by the mutual consensus of the mentor, the mentee and my parent/guardian.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program coordinator at this time or in the future.

Signature

Date

Parent/Guardian Contract

Name: _____ Date: _____

By allowing my son/daughter to participate in the Railroad Street Youth Project Mentoring Program, I agree to:

- ♦ Allow my child to participate in the mentoring program and to be matched with a mentor
- ♦ Follow and encourage my child to follow all rules and guidelines as outlined by the program coordinator, mentee training, program policies, and this contract
- ♦ Support my child in this match by allowing her/him to meet with her/his mentor at least four hours per month and have weekly contact with the mentor for six months
- ♦ Support my child being on time for scheduled meetings or have her/him call the mentor at least 24 hours beforehand if unable to make a meeting
- ♦ Regularly and openly communicate with the program coordinator as requested
- ♦ Inform the program coordinator if I observe any difficulties or have areas of concern that may arise in the match relationship
- ♦ Participate in a closure process when that time comes
- ♦ Notify the program coordinator if I have any changes in address or phone number
- ♦ Provide the program coordinator and the mentor with any updated health insurance information for my child

_____ (please initial) I understand that upon match closure, future contact between my child and her/his mentor is beyond the scope of the Railroad Street Youth Project Mentoring Program, and can happen only by the mutual consensus of the mentor, the mentee, and myself.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program coordinator at this time or in the future.

Signature

Date