



REACH & TEACH MENTOR PROGRAM

2018-2019 Mentor Application

I am a new applicant
 I am a returning Mentor

(please indicate school from last year)

PRINT Clearly

Student Name _____ Grade Level (circle): 10TH 11TH 12TH GPA _____
Home Address _____ City: _____ ZIP _____ Birthday _____
Student Email _____ Home # _____ Cell # _____
Parent or Gaurdian _____ Contact # _____
Email: _____ High School: _____

COMMITMENT- Select one

- October - April (approx. 24 sessions) – PREFERRED by counselors and most beneficial for the young mentee.
(Seniors who select this option are eligible to apply for a \$500 College Scholarship.)
- October -December (approx. 9 sessions) – Select if spring obligations will interfere with full commitment.
- January - April (approx. 15 sessions) – Select if fall obligations will interfere with full commitment.

LOCATION - Select session in order of preference, for example 1 being first choice. *We will take your preference into consideration but mentee demand is our first concern.*

- TUESDAY Prince of Peace (Covington) 3:00-4:00 PM (Both male and female mentors needed)
- TUESDAY St. Agnes (Dixie Hwy, Ft. Wright) 3:00-4:00 PM (Female mentors only)
- THURSDAY St. Agnes (Dixie Hwy, Ft. Wright) 3:00-4:00 PM (Male mentors only)
- THURSDAY St. Augustine (Covington) 3:00-4: 00 (Both male and female mentors needed)

TEACHER, COUNSELOR OR PRINCIPAL RECOMMENDATION I recommend this student based on his/her academic standings, demonstrated responsibility, reliability and positive character.

Teacher's Name _____ Signature _____ Date _____

PARENT/LEGAL GUARDIAN CONSENT *Please initial each and sign.*

- I agree to my child's participation as a mentor in *Catholic Charities' Reach & Teach Mentor* program.
- I am aware that reliable transportation to the designated elementary/middle school is the responsibility of my son/daughter. If my son/daughter does not have a driver's license with his/her own transportation, I agree to ensure reliable transportation.

Name of Parent/Legal Guardian _____ Signature _____ Date _____

APPLICANT AGREEMENT I understand the importance of my time commitment to the young student I will mentor. I agree to fulfill my mentoring commitment to the best of my ability and abide by the Mentor Handbook that will be provided at Orientation.

Student Signature _____ Date _____

EMAIL APPLICATION TO: KJOLLY@COVINGTONCHARITIES.ORG

CATHOLIC CHARITIES OFFICE USE

Date received _____ Location assigned _____ Start date _____