



REACH & TEACH MENTOR PROGRAM

2022-2023 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)

(Seniors who select this option are eligible to apply for a \$500 College Scholarship.)

October - February (If a student selects this option, he or she must have an alternate candidate to complete the year.)

February - April Name of alternate candidate _____

Email address of alternate candidate _____

Phone number of alternate candidate _____

LOCATION - Select session in order of preference, for example, 1 being the 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)

WEDNESDAY St. Agnes (Dixie Hwy, Ft. Wright) 3:00-4:00 PM (Both male and female mentors needed)

WEDNESDAY St. Augustine (Jefferson Ave, Covington) 3:00-4:00 PM (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: dmoreland@covingtoncharities.org

Catholic Charities Office Use

Date received _____ Location assigned _____ Start date _____