

Young Men of Distinction (YMOD)
Mentoring Program at Collins Hill High School



STUDENT APPLICATION

General Information

The Young Men of Distinction mentoring program for young men who would like to have an adult friend to support them in their social and academic skills. As part of our ongoing effort to provide meaningful assistance to our students, our mentoring program provides additional support and encouragement to help them succeed in school and beyond.

Once accepted, the student is expected to remain in the program until the end of the school year and hopefully until he graduates from high school.

Student Section

Student Name: _____ Grade: _____

School: _____ Student's Cell: _____

Birthday: _____ T-shirt size: _____

Why do you want a mentor? _____

What is your favorite hobby? _____

What is your favorite subject at school? Why? _____

What subject is the most difficult for you at school? Why? _____

If you could learn something new, what would it be? _____

Check all the activities that interest you:

- | | | | | |
|-----------------------------------|-------------------------------------|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Biking | <input type="checkbox"/> Camping | <input type="checkbox"/> Music | <input type="checkbox"/> Photography | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Football | <input type="checkbox"/> Basketball | <input type="checkbox"/> Baseball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Cars | <input type="checkbox"/> Computers | <input type="checkbox"/> Skateboarding | <input type="checkbox"/> Video Games | <input type="checkbox"/> Movies |

Other: _____
Extracurricular Activities you are involved in _____

If you could learn about a job/career, what would it be? _____

Parent Section

Name of Parent/Guardian (Print): _____

Phone (best # to reach you): _____

Email Address: _____

Does your son receive any additional education support services (*Early Intervention/EIP, Special Education, Gifted, etc.*)? ___ Yes ___ No

Why do you want a mentor for your child?

What concerns do you have about your son's education?

- 1.
- 2.
- 3.

Agreement Section

By choosing to participate in the Young Men of Distinction Mentoring Program, I agree to:

Mentee (Student)

- Have a positive attitude and be respectful of my mentor
- Make a one-year commitment to being matched with my mentor
- Make at least weekly contact with my mentor (bi-weekly for small group mentoring)
- Be on time for scheduled meetings or call my mentor in advance if I am unable to make a meeting
- Participate in a closure process when that time comes
- Develop a vision plan

Parent

- Support my child in this match by allowing him to meet with his mentor at least once a week (bi-weekly for small group mentoring)
- Regularly and openly communicate with the program office as requested
- Inform the program office of any difficulties or areas of concern that may arise in the relationship
- Support my child by being on time for scheduled meetings or have him call the mentor in advance if unable to make meeting
- Notify the counselor or program office if I have any changes in address or phone number.
- Give permission to my child's mentor to see my child's progress report & report card

Agreement Section (cont.)

Parent

- Give permission for a photograph/interview of my child to be used in news media coverage in the school system and in promotional print and electronic publications of Gwinnett County Public Schools.
- Give permission to my child's mentor to transport my child outside of the school campus.

I understand that I am required to attend a minimum of two events during the school year.

Enter initials here _____

I understand that entering my first and last name below represents my signature.

Student Signature: _____

Parent Signature: _____

Date: _____