

**Mentor's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## New Dimensions High School Mentor Application Form

It is important for you to understand the expectations of being a mentor before you complete this application. Here is what is expected of and from our mentors.

- Consistency in any relationship is critical and mentoring is no exception. Mentors are expected to meet in person, 1 to 1 with their mentee a **minimum** of twice a month; and weekly whether by email, video chat, telephone and/or texting.
- Meetings with a mentee is on school grounds, except with the prior written permission from a parent for off-campus outings/events.
- Information a mentee shares with a mentor is confidential. However, if the information indicates that the student is in personal danger or in danger of harming others, it is imperative that the mentor notify the school administration **immediately**.
- Mentors attend events to enhance their ability to effectively engage with their mentees.
- Mentors keep in contact with the program coordinator to ensure the mentoring experience is as beneficial and rewarding as possible to both the mentee and the mentor.
- **EVERY** person who seeks to volunteer at a school in Osceola County **MUST** apply with the Osceola County School District. The process does require persons so interested to be fingerprinted and a background check to be performed.

\_\_\_\_\_ Please initial if you understand these expectations and wish to apply to be a mentor at New Dimensions High School.



Your Permanent Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number/s: \_\_\_\_\_

\_\_\_\_\_ Currently Employed                      \_\_\_\_\_ Retired

If currently employed, please provide the name of your employer, your job title, and description of your responsibilities:

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Education Completed:

\_\_\_\_\_ High School    \_\_\_\_\_ Trade School    \_\_\_\_\_ College    \_\_\_\_\_ Other

What inspired you to become a mentor? \_\_\_\_\_

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Do you have a preference as to:

The grade level of your mentee?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

The gender of your mentee?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

The cognitive ability or your mentee?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, please explain. \_\_\_\_\_

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Is there a specific student with whom you would like to work?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, what is the student's name? \_\_\_\_\_

What do you like to do in your leisure time? \_\_\_\_\_

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What other volunteer activities do you dedicate your time? \_\_\_\_\_

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What are your areas of expertise? \_\_\_\_\_

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Please list three references who have known you for more than one year. Print their complete names, email addresses, telephone numbers, and their relationship to you. Family members may not serve as a reference.

Reference 1

Reference 2

Reference 3

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**Return completed to Marlena Gloff-Straw at [straw@newdimensionshs.com](mailto:straw@newdimensionshs.com)**