

Student Application to be a Peer Mentor

Semester: First Second Both Date _____

Student Name: _____ ID# _____

Address: _____ Phone _____

_____ Counselor _____

Block available to be a mentor: _____

E-mail: _____

I have prearranged to work with a teacher.

Teacher Name _____ Block _____

(Student Name or class group) _____

I will take any available mentor position. I am especially interested in the area of _____

On the back of this sheet, please write a paragraph on why you would like to be a peer mentor. ☺

.....
1. I recommend this student for the Peer Mentoring Program.

GBN Teacher signature

Date

2. This student has my permission to peer mentor under my supervision during block _____.

Teacher signature

Date

3. This student has my permission to register for the peer mentoring class.

Mrs. Cohen X2669

Date

THIS STUDENT IS REGISTERED FOR PEER MENTORING

*Counselor _____ Date _____

Mrs. Cohen must have signed off on this application before your student can sign up. Please return the original copy to Mrs. Cohen

1st ULPM5100

2nd ULPM5200