



SHIELD Mentor Program

IT'S NEVER TOO LATE TO MENTOR A CHILD...**MENTOR YOUTH!**

Address: PO Box 13266, Greensboro, NC 27415 · **Phone:** 336-337-2771 · **Web:** www.shieldyouth.com

Become a Peer Mentor

Job Description

Peer mentors typically:

- Attend all mentoring sessions
- Serve as a role model of engaged learning by participating, as facilitated by adult mentors, in mentoring discussions and activities
- Attend all-mentor meetings each month

Required Qualifications

1. Be in good academic standing as a student
2. Be at least a rising junior
3. Be available for the entire duration of the academic school year
4. Have a sincere interest in helping peers succeed
5. Have experience in a role requiring maturity, empathy, reliability, helpfulness, and ability to listen and communicate
6. Be recommended by a teacher who is familiar with your abilities
7. Be able to articulate to other students how to succeed

Preferred Qualification

Have successfully completed Orientation and Peer Mentor Training

How to Apply

In addition to the attached peer mentor application, on a separate sheet describe why you are interested in the Peer Mentor experience and how you meet the required qualifications. Only typed narratives will be accepted. Please include your name and the date on this separate sheet and staple it to this form before returning both to SHIELD Mentor Program, PO Box 13266, Greensboro, NC 27415.

Questions should be addressed to Precious McKoy (mckoy@shieldyouth.com or 336-337-2771).



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PEER MENTOR APPLICATION

(Open to High School Juniors and Seniors only)

Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Parent's Phone: _____

Date of Birth: ___/___/___ Gender: Male Female Email address: _____

School Name: _____ Homeroom Teacher: _____ Grade: _____

What time do you leave school each day? _____

How do you leave school each day? Bus Drive Pick up Walk Ride Bicycle

What days are you available to peer mentor each week (Monday-Friday) between 4 PM and 7 PM? For example: Days where you do not have clubs, sports, activities, a job, babysitting responsibilities, etc.?

Are you available on every third Friday between 6 PM and 8 PM? _____

Are you available on Saturdays between 10 AM and 12 PM? _____

Please list extracurricular activities or organizational involvement (school, church, or community volunteer experience) (please be specific)

Please provide any experience you have working with younger children. _____

Please provide us with a brief explanation of your future plans (upon completion of high school).

Parent/Guardian Contract
(To Be Read Completed by the Parent/Guardian)

Peer Mentor's Name: _____ School: _____

Medical History

Current Medication(s): _____

Current Medical Condition(s): _____

Date of last hospital visit: ____ / ____ / ____ Reason: _____

Doctor's Name _____ Phone: _____

EMERGENCY CONTACT

In case of an emergency, please contact the following two people:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

WAIVER, CONSENT, AGREEMENTS, AND AUTHORIZATION

In consideration of its allowances of my child to participate in its program, as indicated by my signature below, I hereby release and waive SHIELD and hold harmless any SHIELD mentor, program staff, or other representatives, officers, and directors, both collectively and individually, from all liability of injury, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, other than where gross negligence has been determined. If I cannot be reached in the event of an emergency, I authorize any physician treating my child to perform any and all medical procedures, which s/he determines to be medically appropriate under the circumstances.

Peer Mentoring Information Release

I agree to allow my son/daughter _____ to serve as a Peer Mentor with the SHIELD Mentoring Program. I have provided my child's medical information, names of emergency contacts, and release authorizations to the best of my ability. I understand that I must provide a recent copy of my child's report card/progress report. I understand I am responsible for providing transportation to and from the program site. I release SHIELD from any liability that may occur during the mentoring session. I understand SHIELD may photograph and/or video my child and I consent the use of such photographs or videos (as well as the image or likeness of my child) in public materials produced by SHIELD. I authorize SHIELD to use such photographs and video in conjunction with the marketing of media programs and other nonprofit activities. I understand and agree that I will not receive payment or royalty for said photographs and video, nor will I receive notices of such use or publications. I further understand SHIELD may require official school records, such as report cards, attendance records, and standardized test scores for evaluative purposes. I hereby give SHIELD my permission to access my child's school records for this purpose.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program coordinator at this time or in the future.

(Parent/Guardian's Signature)

(Date)

Peer Mentor Reference Form

To the Reference: The above named student is interested in serving as a peer mentor with the SHIELD Mentoring Program. This student's application will not be reviewed until their reference is completed. Your timely response is appreciated.

Applicant's Name: _____ **School** _____

How long have you know the student? _____ years _____ months

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Judge
This student possesses strong communications skills.					
This student exhibits skills that would contribute positively to working with young children.					
This student needs little supervision and is largely self-directed.					
This student is knowledgeable regarding academic and social achievement.					
This student's conduct promotes a positive image of the high school attending.					
This student demonstrates empathy and understanding towards others.					
This student is open and personable.					
This student is helpful and confident.					
This student has demonstrated the ability to comply with discipline, authority, and structure.					
This student demonstrates maturity.					

Please describe how you think this student would perform if selected as a peer mentor &/or provide additional insight into the individual as a candidate for this position. Feel free to elaborate on ratings mentioned above.

List any areas of concern

What is your overall recommendation of this candidate for the Peer Mentor position?

Strongly Recommend
 Recommend
 Recommend w/ Reservations
 Do Not Recommend

Signature _____ Position _____ Date _____

Please return this reference form to the student in a sealed envelope.