



# Mentor Program Application

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

School E-mail: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Can WY&FS send text messages, regarding program cancellations and updates to your cell phone? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

1. Were you a Mentor previously? Yes \_\_\_\_\_ No \_\_\_\_\_ Program(s): \_\_\_\_\_

2. Please **circle** the program(s) for which you are interested in applying:

- Body Safety Theater
- Bullying Prevention Theater
- Friends Network
- Teen Scene @ The Library
- Friday Nights @ Thurston (formerly, Thurston Middle School Dances)

**Complete the questions 3-5 *only* if you are applying to a program in which you have *never* participated. However, ALL must read and complete the Mentor Program Policies and Procedures on the reverse side of this application – it must be signed by the applicant and his/her parent or guardian in order to be considered.**

3. Why are you interested in being a Mentor?  
\_\_\_\_\_  
\_\_\_\_\_

4. What experience do you have that would assist you in being a positive role model for younger children?  
\_\_\_\_\_  
\_\_\_\_\_

5. As it relates to volunteering with younger children:

please list three of your strengths: _____ _____ _____	please list three of your challenges: _____ _____ _____
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6. If you are you a junior or senior applying for Friday Nights @ Thurston, are you interested in learning more about the Mentor Manager leadership position(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please read and complete the reverse side of this page.**





## Mentor Program Policies and Procedures

### Mission Statement

Westwood Youth & Family Services supports the healthy development of residents by providing educational, social, counseling, and supportive services for children ages 4 to 18 and their parents or guardians. Through active collaboration and cooperation with the public schools, social service agencies, local law enforcement and juvenile justice professionals, as well as area human service and mental health professionals, Youth & Family Services enhances the healthy development of children and families.

### Individual Responsibilities

The Advisory Board and the Director of Westwood Youth & Family Services reserve the right to ask any Mentor or member of its Board to resign if that individual's public behavior damages the reputation and/or the effectiveness of the organization to complete its mission in the community. The guidance and friendship provided to younger children and their families by youth volunteers/Mentors are invaluable to the development of our community. Those who choose to volunteer their time serve as important role models for younger children and also represent Youth & Family Services and its Board.

### Program Policies and Procedures

1. **Possession and/or use of alcohol and/or other legal and illegal drugs is prohibited.**
  - a.) Mentors are responsible for informing adult program leaders, chaperones or a detailed police officer if they believe a child attending a Youth Volunteer/Mentor program or another Mentor has brought alcohol or others drugs into the building where the program is based or onto its grounds.
  - b.) Mentors must consult with adult program leaders, chaperones, or the detailed police officer if they believe a child or another Mentor is intoxicated while attending a Mentor Program.
2. **Possession of weapons is prohibited.**
  - a.) Mentors are responsible for informing the detailed police officer if they believe a child or another Mentor has brought a weapon or something that can be reasonably assumed to be used as such into the building in which the program is based or onto its grounds.
3. **Photography & Videography Release Policy:**
  - a.) I hereby grant to Westwood Youth & Family Services the irrevocable and unrestricted right to use and publish photos and video of my child, or in which they may be included, for any written publications, electronic reproductions (websites) and/or promotional materials or any other purpose and in any manner or medium. In addition, I grant my permission to alter the same without restriction and to copyright the same. I hereby release the photographer, videographer and Westwood Youth & Family Services from all claims and liability related to said photography.

### Receipt of Policies

I have received the above policies and understand them.

\_\_\_\_\_ Date \_\_\_\_\_  
(Print Mentor's Name) (Mentor Signature)

I acknowledge that my son/daughter received these policies and understands them.

\_\_\_\_\_ Date \_\_\_\_\_  
(Print Parent/Guardian's Name) (Parent/Guardian Signature)

***Completed and signed applications must be returned to Westwood Youth & Family Services by Friday, 9/13.  
You can drop it off at our table outside of the cafeteria during lunch on 9/11, 9/12 or 9/13; or drop off your  
application at the WHS main office desk.***

