# TEEN MENTORING

Studies show that peer-based mentoring has been proven to decrease numerous risk factors in a child's life. Our goal is to give additional support to students needing social, emotional, and academic help through 1 -on-1 mentoring. Mentees receive beneficial guidance through a trusted High School Student. Mentors receive academic rewards, skill-building opportunities, as well as the gratification of helping a community member.

## HOW TO GET STARTED:

1.Contact a school Guidance Counselor for more information.

2.Fill out an application.

3.Devote 1 hour each week to mentoring throughout the school year.

4.Create Positive change in a youths life.

## WHY CHOOSE MENTORING?

- School/Community Service
- Create and Build Connections
- Experience (Resume/College)
- A Sense of Purpose
- Fun

## MORE INFORMATION

(360)423-6741

www.linkprogram.org

907 Douglas St.
Longview, WA.98632

# *Teen Mentor Program*

**Check list for office staff only:**

- ❑ **Application**
- ❑ **Training Received**
- ❑ **Pre-Survey Completed**
- ❑ **CHAMPS Permission for Minors Form (if applicable)**
- ❑ **CHAMPS Form**

*If you would like to be involved in Youth and Family Link's TEEN MENTOR PROGRAM, Please read the Guide Overview in this packet and complete the forms attached.*

*Return completed application forms to site Coordinator.*

## Application Instructions

**A. Check off box as you complete each item**

1. Application Form _____
2. Two Teacher/Counselor Recommendation Forms _____
3. Parent Permission/Photo release form _____
4. Request to Drive Form (If you ever plan to drive for mentoring) ____ _
5. Request to Ride Form (If you will ever ride with another mentor) _____

*Please make sure to read Guide Overview.*

**B. Return the completed application packet to your school's coordinator.**

**C. Contact your Coordinator if documents are missing from the application packet or if you have any questions.**

*Youth and Family Link Teen Mentor Program*

# Guide Overview

**What is a Teen Mentor?**

Teen Mentors are high school students who serve as role models and friends to elementary school children needing extra support. Mentors build friendships, have fun, and make a positive difference in their schools and community.

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**Role & Responsibilities**

- Meet with your mentee **at least one hour per week** during the school year.

- Support your mentee through homework, hobbies, games, group activities, or conversation.
- Be a **positive role model** in language, dress, and attitude.
- Communicate regularly with program coordinators and teachers.
- Participate in team/group activities and meetings.

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**Commitment & Training**

- Minimum **one school year** commitment.
- Maintain a **3.0 GPA**.
- Attend a **2-hour training session** at Youth and Family Link (food provided). Returning mentors must also attend.
- Schedule an **initial meeting** with the mentee's teacher to set expectations.
- Attend **quarterly meetings** with coordinators and other mentors.

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**Mentor Selection Process**

- Submit application, parent permission/photo release, emergency medical form, and **two teacher/counselor recommendations**.
- Interview with the program coordinator.
- Complete the required training and background check.
- Final acceptance is based on training completion and personal qualities, such as:
    - Teamwork, patience, good judgment, follow-through ○ Strong academics and listening skills ○ Positive attitude and values ○ Neat and professional appearance

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**Mentee Information**

- Mentees are recommended by their teachers.
- They often need extra attention due to low self-esteem, poor social skills, medical issues, or stressful environments.
- Students with severe behavioral challenges are **not** selected.
- Matches are made based on shared interests, strengths, and needs.

**Behavior & Expectations**

- Arrive on time and be dependable.
- Give your mentee **full attention** during sessions.
- Call ahead if you cannot attend.
- Communicate promptly about schedule changes or concerns.
- Use appropriate language and behavior; ask for adult help when needed.
- **All activities** must occur during school hours or supervised program events—no outside contact.
- Dress neatly and follow the elementary school's dress code.
- Illegal or inappropriate activity will result in dismissal.

**Parent Involvement**

- Mentor parents are not involved during mentoring sessions.
- Parents may attend the **end-of-year awards ceremony** if the teen mentor agrees.

**Transportation**

- Mentors must arrange their own reliable transportation.
- Submit a transportation plan and required permission forms.
- If driving or riding with another mentor, **parent permission is required**.

**Additional Program Notes**

- Background info about your mentee (interests, personality, family) will be provided to help you get started.
- Every effort will be made to accommodate teen mentors with disabilities or special needs.
- Participation in illegal or inappropriate activity, or failure to follow program rules, may result in dismissal.

**What Makes a Good Mentor?**

- Caring, patient, reliable, and responsible.
- Good listener and problem-solver with a sense of humor.
- Team player who models positive values.
- Conveys that school, learning, and goal-setting are important.
- Supports the mentee without sharing personal problems.

_____

Signature Todays Date

*Youth and Family Link Teen Mentor Program*

# MENTOR INFORMATION

Name: _____ _____

Last First Middle Date of Birth:

Address: _____

Street Name City State Zip

2025-26 Grade Level: _____ G.P.A. _____ Race/Ethnicity: _____

Cell Phone: _____ Home Phone: _____ E-Mail: _____

Circle one or two of the BEST methods of communication you use:

Text Call on Cell Call on Home Phone Facebook Group E-mail

_____

1. Why do you want to participate in the Teen Mentor Program?

2. Describe an experience you have had working with younger children.

3. Describe experiences you have had as a member of a team.

4. What age level would you like to work through this program?

5. Are you planning to be involved in sports or other after-school activities? If so, how are you planning to deal with time conflicts that might arise?

6. What are your strongest subjects in school?

7. What interests or hobbies do you have outside of school?

8. How will you get to the elementary school where you will be working?

9. What qualities of skills do you have that will make you a successful participant?

10. Are you available to attend monthly mentor meetings during lunch time? Yes ____ No ____ Don't know yet ____

11. Are you able to attend training scheduled by Youth and Family Link?

Yes ____ No ____ Don't know yet ____

12. What are the best days and times for you to meet with your mentee?

Best Days: _____ Best

Times: _____

I can NEVER meet on: _____

13. What other information would help us match you with a mentee? (I.e., Do you have any pets? Siblings? Unique Personal attributes?)

**I have read the description of the program and the expectations of Teen Mentors listed in the handout "So You Want to be a Teen Mentor", and I agree to comply with the requirements of the program and follow individual school policies.**

**_____**

**Signature** **Todays Date**

*Youth and Family Link Teen Mentor Program*

# PRE-SURVEY:

**Name: _____ High School: _____**

**Date Completed: _____**

Please rate how skilled you feel you are in each of the following areas: [Think about your skill generally. (Please circle one)]

| | Not Skilled | | | Somewhat Skilled | | | Extremely Skilled | |
|---|---|---|---|---|---|---|---|---|
| **1.Competent as a leader** | **1** | 2 | 3 | **4** | 5 | 6 | **7** | N/A |
| **2. Providing constructive feedback** | **1** | 2 | 3 | **4** | 5 | 6 | **7** | N/A |
| **3. Establishing a relationship based on trust** | **1** | 2 | 3 | **4** | 5 | 6 | **7** | N/A |
| **4. Motivating your mentee** | **1** | 2 | 3 | **4** | 5 | 6 | **7** | N/A |
| **5. Building mentees' confidence** | **1** | 2 | 3 | **4** | 5 | 6 | **7** | N/A |
| **6. Encouraging your mentees' creativity** | **1** | 2 | 3 | **4** | 5 | 6 | **7** | N/A |

**7. Working effectively with** 1 2 3 **4** 5 6 7 N/A **mentees whose background is different from your own (age, race, gender, religion)**

**8. Understanding your impact** 1 2 3 **4** 5 6 7 N/A **as a role model**

*Youth and Family Link Teen Mentor Program*

# Teacher/Counselor Recommendation Form

_____ is applying for a mentoring position with the school's Teen Mentor Program. The qualities necessary for this type of work with younger children are listed below.

**Please use an X to rate the applicant's strengths in the following areas. If any answers require more space than is provided, please attach additional information to this form.**

| | Weak | 2 | 3 | 4 | Strong |
|---|---|---|---|---|---|
| **1. Ability to work as a team** | | | | | |
| **2. Patience** | | | | | |
| **3. Commitment and follow-through** | | | | | |
| **4. Mastery of academics (3.0 minimum)** | | | | | |
| **5. Positive role model** | | | | | |
| **6. Good judgment** | | | | | |
| **7. Good listening skills** | | | | | |
| **8. Positive attitude and values** | | | | | |
| **9. Clean and neat appearance** | | | | | |

**What other qualities does the applicant possess that may impact their ability to work effectively with a younger child as a tutor, friends, and role model?**

**Do You have any concerns about the applicant's ability to follow through on this kind of commitment to a younger child or other concerns about their ability to be successful as a member?**

**Yes _____ No _____ If 'Yes' Please explain: _____**

_____

_____

**Teacher/Counselor Signature Date**

*Youth and Family Link Teen Mentor Program*

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|---|---|---|---|---|---|
| **10. Ability to work as a team** | | | | | |
| **11. Patience** | | | | | |
| **12. Commitment and follow-through** | | | | | |
| **13. Mastery of academics (3.0 minimum)** | | | | | |
| **14. Positive role model** | | | | | |
| **15. Good judgment** | | | | | |
| **16. Good listening skills** | | | | | |
| **17. Positive attitude and values** | | | | | |
| **18. Clean and neat appearance** | | | | | |

**What other qualities does the applicant possess that may impact their ability to work effectively with a younger child as a tutor, friends, and role model?**

**Do You have any concerns about the applicant's ability to follow through on this kind of commitment to a younger child or other concerns about their ability to be successful as a member?**

**Yes** _____ **No** _____ **If 'Yes' Please explain:** _____

_____

_____

Teacher/Counselor Signature Date

# Parent/Guardian Permission Form

**This form must accompany the completed application in order for your teen to receive further consideration for participation in the Teen Mentor Program. I Understand that if my teen drives or rides with another student to the mentee site, I must complete a separate, enclosed permission form.**

**Parent/Guardian's Name: _____**

**Teen Mentor Program Applicant's Name: _____**

**Please indicate "Yes" or "No" under each item below:**

I have read information about the Teen Mentor Program in "So You Want to be a Teen Mentor" and "Family Involvement". I recognize the importance of the role me teen will be fulfilling in the Teen Mentor Program and the responsibilities it entails. Yes ____ No____

I also understand that my permission does not guarantee my teen's selection as a mentor or their participation in the program if an appropriate match with a mentee is not possible. Yes ____ No ____

With this understanding, I give my permission for _____ to participate as a mentor in the Teen Mentor Program. Yes ____ No ____

All photos taken during the Teen Mentor Program activities and events may be used by Youth & Family Link for informational displays and media presentations to promote the Teen Mentor Program. Photos may also be used on the Youth & Family Link's websites for the promotion of the program. Yes ____ No ____

I give my permission to have my child's image used by Youth & Family Link for informational displays, media presentations or web site design. Yes ____ No ____

School districts require a Washington State Patrol background check in order for anyone to volunteer within the school district. I give my permission to allow Youth & Family Link/Longview School District to contact the WSP to perform a background check of my child prior to acceptance into the program. Yes ____ No ____

_____ _____

Signature of Parent/Guardian of student Date

*Youth and Family Link Teen Mentor Program*

# Request to Drive Form

**If you want to drive to your mentee's elementary school, you *must receive permission from your parent/guardian.***

**Teen Mentor Name: _____**

**School Year of Request: _____**

**School Assignment: _____**

**!!! PLEASE ATTACH A COPY OF YOUR INSURANCE VERIFICATION CARD & DRIVERS LICENSE!!!**

Driver's License Number: _____ Expiration Date: _____

**I give my permission for _____ to drive a private car to and from the above-named school to carry out Teen Mentor Program activities.**

**I hereby release the Longview and Kelso School District from any liability in the event of an accident and accept full responsibility for the actions of my child while being transported to and from the above-mentioned school.**

_____ _____

Signature of Parent/Guardian of Student Rider Date

_____ _____

Signature of Student Rider Date

*Youth and Family Link Teen Mentor Program*

# Request to Ride Form

**If you want to ride in a private automobile to your elementary school with a student who has authorization to drive, you must receive permission from your parent/guardian AND the permission of the parent/guardian of the student who is driving.**

Name of Passenger: _____

Name of Driver: _____ School

Year of Request: _____

***I certify that _____ has my permission to ride in a private automobile driven by _____ to the elementary school where my child is assigned as a teen mentor.***

***I hereby release the _____ School District from any liability in the event of an accident and accept full responsibility for the actions of my child while being transported to and from the above-mentioned elementary school.***

_____ _____

(Rider) Signature of Parent/Guardian Date

_____ _____

(Driver) Signature of Parent/Guardian Date