



Mentor Program: Student Interest Form

This information will help with pairing a student with a mentor.

Mentors also provide background information including areas of experience, knowledge, and interests. You are welcome to share this information with students so they can be involved in the pairing process and/or learn about their potential mentor. *Coordinators can find this information in their portal under Mentor Profile.*

Student Information

Name: _____ Gender: _____ Age: _____

Grade: _____ Race/Ethnicity: _____

What type of support would you like to receive from a mentor?

Social Support

- ☐ making new friends
- ☐ confronting peer pressure
- ☐ combating bullying or harassment
- ☐ building communication skills
- ☐ expressing thoughts and emotions
- ☐ dealing with conflict
- ☐ safe space to be myself

Challenges

- ☐ missing a loved one
- ☐ lack of resources
- ☐ family conflicts
- ☐ pregnancy/parenthood
- ☐ divorce
- ☐ drug/alcohol struggles
- ☐ school
- ☐ Other: _____

Special Interests

- ☐ help with specific subject _____
- ☐ career and/or college exploration
- ☐ public speaking and presentations
- ☐ creativity _____
- ☐ time management
- ☐ entrepreneurship
- ☐ sports
- ☐ other _____

I would most benefit from a mentor who is (check all that apply):

- ☐ Good Listener ☐ Creative ☐ Calm ☐ Talkative ☐ Empathetic

☐ Shared Identity _____ ☐ Other _____

COMMENTS

Mentoring Agreement

Reviewed with Campus Mentor Coordinator: (Mr/Ms)_____

I understand that this mentor program invites **volunteers** from the community to support students one-on-one during the school year.

- ☐ My parent or guardian must sign a **permission form** before I can begin meeting with a mentor.
- ☐ I agree to make every attempt to meet with my mentor **once a week for 30-60 minutes during the school day on campus**. The day and time will be determined by the campus mentor coordinator.
- ☐ If I cannot attend a scheduled meeting, I will notify the campus mentor coordinator as early in advance as possible.
- ☐ **My mentor and I will NOT share contact information** without written parent permission and approval from my campus mentor coordinator. This includes NO communication with each other through social media.
- ☐ I understand contact outside of school or on social media is not authorized by Austin Partners in Education (APIE) or Austin ISD.
- ☐ If I believe that I am in a harmful position of any type with my mentor, **I will report any suspicions to my Campus Mentor Coordinator, Campus Counselor, or Principal** within 48 hours.
- ☐ I understand that **this mentor program is voluntary**. I may end the mentoring relationship with notice. The mentor or campus mentor coordinator may end the mentoring relationship with notice as well.

Student's Printed Name

Signature

Date