San Francisco Unified School District

MENTORING FOR SUCCESS – PROJECT ARRIVE

STUDENT APPLICATION

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Method of contacting you? \_\_\_ Email \_\_\_\_Phone \_\_\_\_Text \_\_\_\_In-Person Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Info for Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9th Grade Counselor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why are you interested in participating in Project Arrive: Group Mentoring Program?

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Can you meet with a group once a week during the school year? YES NO

What is one thing you are hoping to learn from being in a mentoring group?

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What will be your biggest challenge participating in mentoring group?

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**Project Arrive Group Mentoring: Student Agreement**

As a member of the Project Arrive Mentoring Group, I agree to the following: (please initial)

\_\_\_\_Participate in a training on “How to be Successful in a Student Mentoring Group”

\_\_\_\_Notify mentor if absent from group and communicate with classroom teacher about missed classes/work

\_\_\_\_Work together with other group members to develop community guidelines for weekly mentoring group

\_\_\_\_Engage in group mentoring with a positive attitude and an open mind

\_\_\_\_Develop mentor group and personal goals with my mentor and other group members

\_\_\_\_Complete Mentoring Group Surveys, Evaluations, and Interviews to improve the mentoring program

\_\_\_\_Share about group mentoring with parents/guardians, admin., teachers, & other staff when need arises

\_\_\_\_Ask for assistance when I need help with communicating and getting to know other group members

**Please return form to: Wesley West,** [**westw@sfusd.edu**](mailto:westw@sfusd.edu)**, School Health Programs (SFCSD), 1515 Quintara Street**