

Elevate Your G.A.M.E.
(Grades, Attendance, Maturity and Empowerment)
PEER MENTOR APPLICATION

Instructions: Application packet must include the application and recommendation form. All forms must be completed and signed before candidacy as peer-mentor. Please print neatly.

GENERAL INFO:

Date:

Name:	<u>First</u>	<u>Last</u>	Home Phone: ()	
			Cell Phone: ()	
			Email:	
Address:	<u>Street</u>	<u>City</u>	<u>Zip</u>	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Grade Level:	Birth date (mo./day/yr.):	

Why do you want to be a peer mentor? (Answer must consist of at least one paragraph.)

...feel free to use alternate sheet of paper to complete paragraph.

**Staple or paper clip alternate sheet to this application packet.*

What is your grade point average (GPA)?

What are your academic goals for this school year?

What are your greatest character strengths?

What are your weaknesses?

What personality traits bother you most in other people?

With what type of person do you find yourself most compatible?

SIGNATURES:

Student: My signature at the end of this application confirms the truthfulness of the following:

I verify that the information contained in this application is true and correct to the best of my knowledge. I agree to have any statements checked by ELEVATE YOUR G.A.M.E., unless I have indicated to the contrary.

Parent of Applicant: My signature at the end of this application attests to the truthfulness of the following:

I give my permission for my child and my support to serve as a **PEER-MENTOR IN THE ELEVATE YOUR G.A.M.E. PEER-MENTORING PROGRAM at HTPA HIGH SCHOOL**. I further understand that he/she serves at his/her own risk and that his/her services are as an unpaid volunteer who will not be considered an employee of ELEVATE YOUR G.A.M.E. or of its partner agencies. As an unpaid volunteer, I understand that my child is not eligible for health benefits or other liability coverages through ELEVATE YOUR G.A.M.E. or through its partner agencies.

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Elevate Your G.A.M.E. \ Recommendation for Peer Mentor Program

Name of Parent/Guardian: _____ Date: _____

Student's Name: _____ Current Grade Level: ____ (11th or 12th)

The student named above is applying to be a peer-mentor in the Elevate Your G.A.M.E. Mentoring Program at HTPA High School. Please evaluate the student in the areas listed below:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Don't know</u>
1. Academic focus	_____	_____	_____	_____
2. Effort/Drive/Motivated	_____	_____	_____	_____
3. Study Habits	_____	_____	_____	_____
4. Organized	_____	_____	_____	_____
5. Attendance	_____	_____	_____	_____
6. Self-disciplined	_____	_____	_____	_____
7. Willing to communicate	_____	_____	_____	_____
8. Social Skills	_____	_____	_____	_____
9. Well-behaved	_____	_____	_____	_____
10. Does chores	_____	_____	_____	_____
11. Use of proper speech	_____	_____	_____	_____
12. Accepts Self-Responsibilities	_____	_____	_____	_____
13. Self-confident	_____	_____	_____	_____
14. Persistent	_____	_____	_____	_____
15. Individuality	_____	_____	_____	_____
16. Leadership potential	_____	_____	_____	_____

Parent's Signature

Date

Sibling's Signature

Date

Elevate Your G.A.M.E. \ Recommendation for Peer Mentor Program

Name of Teacher: _____ Date: _____

Student's Name: _____ Current Grade Level: ____ (11th or 12th)

The student named above is applying to be a student-mentor in the Elevate Your G.A.M.E. Mentoring Program at HTPA High School. Please assess the student in the areas listed below:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Don't know</u>
1. Academic achievement	_____	_____	_____	_____
2. Effort/Drive	_____	_____	_____	_____
3. Study Habits	_____	_____	_____	_____
4. Attendance	_____	_____	_____	_____
5. Punctuality	_____	_____	_____	_____
6. Written expression	_____	_____	_____	_____
7. Ability to express ideas orally	_____	_____	_____	_____
8. Following directions	_____	_____	_____	_____
9. Integrity	_____	_____	_____	_____
10. Ability to work with peers	_____	_____	_____	_____
11. Leadership potential	_____	_____	_____	_____
12. Classroom conduct	_____	_____	_____	_____
13. Self-confidence	_____	_____	_____	_____
14. Respect given to adults	_____	_____	_____	_____
15. Respect given to peers	_____	_____	_____	_____
16. Overall recommendation	_____	_____	_____	_____

Teacher's Signature

Date

Principal's Signature

Date

Elevate Your G.A.M.E. \ Parental Consent and Waiver of Liability

I hereby give my permission for my child, _____
to participate in the Elevate Your G.A.M.E. Mentoring Program. I am also committed to attending the
program's parent/guardian participation events.

I, the above named student's parent or guardian, knowingly withhold all claims against Elevate Your
G.A.M.E., its officers, employees and volunteers for injury, accident or illness occurring during any
Elevate Your G.A.M.E. program activities.

I, also, give my permission for any video footage, photos of my child and/or statements from my child to
be used in any Elevate Your G.A.M.E. publications or Elevate Your G.A.M.E. events.

Visit us at www.elevateyourgame.org

_____	_____		
Parent's/Guardian's Signature	Date		
Home Phone: _____			
Cell Phone: _____			
Work Phone: _____			
Email Address: _____			
Address: _____			
Street	Apt. #	City	Zip Code

Please keep bottom half for your records...

Damian T. McCalman,
Senior Program Coordinator, EYG
HTPA Campus
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EMAIL: contactdtm1@gmail.com