



Keeping kids on track!
The Power of an Hour

THREE RIVERS AREA MENTORING

25 RAILROAD DR

THREE RIVERS MI 49093

PH: 269-278-8726

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TRAM Mentor Application

High School Mentors

Interview Date: _____
Date of Match: _____
Name of Mentee: _____
Date Training Completed: _____

Name: _____ Date of Birth _____ Grade _____
(Full legal Name Including Middle Name)

Address: _____ City _____ State _____

Cell Phone _____ Work/Alternative _____

Email _____ Driver's License _____

Employer: _____ Job Title _____

Work Address _____ City _____ State _____ Zip _____

Please be as detailed as possible using an extra sheet of paper if needed

Educational Background _____

Previous experience working with young people _____

What are your interests or hobbies? _____

Why would you like to be a mentor? _____

Please state any preferences (gender, ethnic, school, grade) for pairing with a student _____

How did you hear about TRAM? _____

Where do you want to mentor: Elementary School (During School) After School Program (T-TH)

Will you need a ride to mentor? Yes No Would you be willing to drive someone? Yes No

References

References: Please provide three references not related to you who you have known for at least 2 years. If you have worked with children prior in a professional/volunteer role, please provide a reference relating to that experience. I.e. Coworker, supervisor. By supplying this information, you are granting us permission to contact the individuals listed.

Name: _____ Employer: _____

Home Phone: _____ Work Phone _____ Email _____

Name: _____ Employer: _____

Home Phone: _____ Work Phone _____ Email _____

Name: _____ Employer: _____

Home Phone: _____ Work Phone _____ Email _____

Expectations of a mentor:

- **Site-Based Matches:** Meet with your mentee for lunch or at a mutually convenient time before, during, or after school for one year. (TRAM provides guideline and ground rules for mentors)
- Participate in an in-person interview/orientation session.
- Complete an evaluation of your experiences at the end of the school year.
- Keep in touch with the TRAM office staff at least once a month. Return ALL phone calls made to you by TRAM.
- Always fill in the log books that are in each school's office, if you see mentee at school.
- Attend at least 1 training session during the year.

I agree to all of the conditions stated above and do confirm that I have not nor am I presently engaged in any activities of a criminal nature. I also grant permission to TRAM to check with appropriate authorities (courts, youth agencies, police and department of motor vehicles) upon matters of record regarding my background or history.

Printed Name _____

Signature: _____ Date: _____

I _____, the parent/guardian of _____ (youth mentor), give permission for he/she to participate in the T.R.A.M. program indicated above. Including the interview process required to be a part of the program.

Printed Name _____

Signature: _____ Date: _____