

# General Mentoring 2022-2023 Mentor Enrollment Form (10<sup>th</sup>-12<sup>th</sup> Grade)

The focus of D'Evelyn General Mentoring is to create a space for everyone, a way for people to develop supportive relationships in a fun environment. Mentors draw on their own experiences as D'Evelyn students to help younger students navigate the first few years at D'Evelyn.

It is critical that mentors attend all meetings, as your mentee will be counting on you! If you feel you will not be able to attend every meeting, please consider how to plan for your mentee in your absence. If you have any questions at any time, please talk to one of our General Mentoring Program Leaders, Rayna Hylden or Aimee Kennedy, or one of our program sponsors, Ms. Roberts or Ms. Young.

D'Evelyn General Mentoring plans to meet once monthly on the following dates:

**First Semester**

- Oct 7<sup>th</sup>
- Nov 4<sup>th</sup>
- Dec 2<sup>nd</sup>

**Second Semester**

- Jan 13<sup>th</sup>
- Feb 3<sup>rd</sup>
- Mar 3<sup>rd</sup>
- Apr 7<sup>th</sup>

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_ Grade: \_\_\_\_\_

Why are you interested in being a mentor in D'Evelyn General Mentoring?

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What is something that you wished you knew when you were in junior high here at D'Evelyn?

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What are the qualities you think make a good friend?

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How do you like to connect with another person?

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**FAVORITES:**

Book: \_\_\_\_\_

Song: \_\_\_\_\_

Movie: \_\_\_\_\_

Food: \_\_\_\_\_

School Subject: \_\_\_\_\_

**CIRCLE THE THINGS YOU ENJOY:**

Sports                      If so, list: \_\_\_\_\_

Arts                         If so, list: \_\_\_\_\_

Watching TV              If so, faves: \_\_\_\_\_

Hangout w/family

Hangout w/friends

Chill w/pets                If so, what kind: \_\_\_\_\_

What makes you unique and special?

\_\_\_\_\_  
\_\_\_\_\_

What is one of your goals or dreams (that you are comfortable sharing)?

\_\_\_\_\_  
\_\_\_\_\_

**Mentor Agreement**

I, (print your name) \_\_\_\_\_, have read and understand the importance of attending every General Mentoring meeting and I agree to communicate using Remind or other application chosen by the group.

Signature \_\_\_\_\_ Date

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date

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**Please complete and return this enrollment form to the counseling office by Friday, September 2nd. Thank you! =)**