



TOOLS

Student Application for Mentoring

Students interested in participating in a mentoring relationship need to complete the following items in order to be considered for the opportunity.

Name: _____ **Grade/Class:** _____

Homeroom Teacher/Adviser: _____

ICAP Career Clusters or Pathways: _____

Please list specific career interests in order of preference.

1. _____
2. _____
3. _____

If you already have a specific employer with whom you would like to become more familiar, please list that employer. Attempts will be made to make those arrangements; however, circumstances may arise that could make the match unlikely.

Student Agreement

1. I agree to make up any school work that I miss while participating in a mentoring session.
2. I agree to act in an appropriate manner while participating in a mentoring session.
3. I agree to become knowledgeable about my career interest prior to participating in a mentoring session.
4. I agree to share my mentoring experience with teacher or class.

Student Signature: _____ **Date:** _____



Parent/Guardian Permission: I give my child, _____ , permission to participate in a mentoring session set up by the school authorities.

Signature: _____ **Date:** _____