



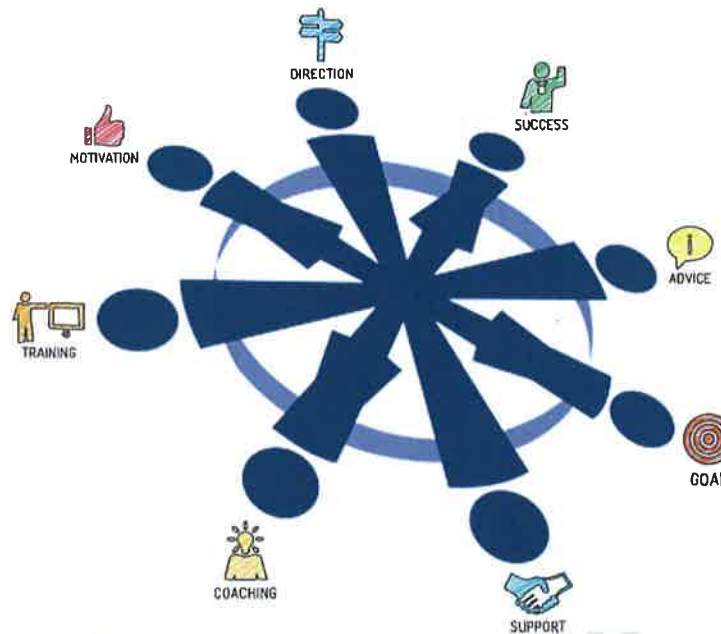
G.R.A.N.I.T.E.

Mentorship Program

Grow. Resource. Achieve. Nurture. Inspire. Teach. Empower.

Mission:

The G.R.A.N.I.T.E. Mentorship Program strives to foster positive relationships between public school students and G.R.A.N.I.T.E. mentors. The mentors seek to support families and promote our future leaders to be academically and socially successful.



Mentor:

- Provide positive role models for youth
- Provide a model of appropriate behavior for a student to imitate
- Develop problem-solving skills
- Assisting in the development of short-term and long-term goals
- Providing consistency in chaotic situations

Mentee:

- Gain new perspectives and skills to advance your career
- Push yourself beyond self-set limits
- Develop meaningful connections
- Improve relationships with peers
- Develop higher levels of self-confidence
- Improve communication skills



G.R.A.N.I.T.E

Mentorship Program Application

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Full Legal Name _____

Gender: Female Male Date of Birth: _____ / _____ / _____ Ethnicity _____
First Middle Initial Last
Mo. Day Year

Mailing address _____

City _____ State _____ Zip _____

E-mail _____

Preferred Contact Number Home Phone Cell Phone Work Phone

Phone Numbers Home _____ Work _____ Cell _____

Employer _____ Length of Employment _____

Job Title _____ May we contact you at work? Yes No

Education completed:

High School Other _____

2-year degree in _____ School _____

4-year degree in _____ School _____

Advanced degree(s) in _____ School _____

How was the G.R.A.N.I.T.E. Mentorship Program brought to your attention? _____

What motivated you to apply for the the G.R.A.N.I.T.E. Mentorship Program? _____

Will you be able to meet with a student at least once a week during the school year/during the 2020 calendar year? Yes No

What are your hobbies, special skills, or other interests? _____

What do you like to do in your leisure? _____

What other affiliations (e.g., service or volunteer organizations) do you have? _____

What do you hope to gain from the mentoring experience? _____

What do you hope your mentee gains from the mentoring experience? _____

Do you have prior mentor experience? Yes No If yes, please explain: (Program Name & Dates)

Are you willing to have Mount Airy City Schools/City of Mount Airy conduct a background check on you?
 Yes No

List three people (non-family members) who can serve as character references for you.

(1) Name _____ Relationship _____ For _____ years.

Phone _____ Email: _____

(2) Name _____ Relationship _____ For _____ years.

Phone _____ Email: _____

(3) Name _____ Relationship _____ For _____ years.

Phone _____ Email: _____

Please select from the two options below regarding your availability to mentor:

During school hours

After school hours

I certify that the information I have supplied is correct to the best of my knowledge. I grant permission for you to contact the references provided. I also understand and agree to the duties and requirements described in the Volunteer Duties and Requirements.

Signature _____ Date _____

Please Return to:

Polly Long
Mount Airy City Schools
plong@mtairy.k12.nc.us

Cathy Cloukey
Mount Airy Parks and Recreation
ccloukey@mountairy.org



G.R.A.N.I.T.E.

Mentorship Program Contact List

Darren Lewis

Mount Airy Parks and Recreation
dlewis@mountairy.org

Cathy Cloukey

Mount Airy Parks and Recreation
ccloukey@mountairy.org

Polly Long

Mount Airy City Schools
plong@mtairy.k12.nc.us

Traci George

WorkForce Unlimited
tgeorge@wfunlimited.com

Michaela Wall

WorkForce Unlimited
mwall@wfunlimited.com

Angela Stroup

Choice Physical Therapy and United Fund of Surry County
angelastroup3@gmail.com



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G.R.A.N.I.T.E.

Mentorship Program Pledge Form

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Mentor:

I, the mentor, agree that to the best of my ability, I will fulfill the following obligations of a volunteer:

- A. Meet with my mentee one time per week during their lunch period, and if an emergency arises and I am unable to meet, I will contact them by phone or email;
- B. Make myself available for contact with the Director of the G.R.A.N.I.T.E. Mentorship Program on a minimum basis of every other week to report time spent with mentee;
- C. Attend training sessions and special activities of the program;
- D. Be a positive representative of the G.R.A.N.I.T.E. Mentorship Program;
- E. I have attended the volunteer training session, and all policies and procedures have been explained to me;
- F. I agree that all files, forms, and general information learned and/or obtained will be kept in the strictest of confidence. However, if I learn that my mentee has a plan to commit a crime or endanger the health and safety of themselves or someone else, or is the victim of a crime, it is my responsibility to report to the G.R.A.N.I.T.E. Mentorship Program Director.

Signature: _____ Date: _____

Mentee:

I, the mentee, understand that a strong relationship with my mentor is important and can be very beneficial to me. I commit to do the following this to the best of my ability. I realize if I do not commit to these things, I may lose my privilege to participate in the G.R.A.N.I.T.E. Mentorship Program and related activities.

- A. Meet with my mentor for at least once per week during my lunch period;
- B. Call my mentor, in advance, if an emergency causes me not to be able to keep our scheduled meeting;
- C. I commit to giving 100% of my effort in school (improve my grades, get along with teachers and students), home (improve my relations with my parent(s), brothers, and sisters), and community;
- D. I commit to participating in all activities planned by the G.R.A.N.I.T.E. Mentorship Program;
- E. I will call the Director of the G.R.A.N.I.T.E. Mentorship Program if I feel uncomfortable in any way with my volunteer, or any of the activities of the program.

Signature: _____ Date: _____

Parent or Guardian:

I, the parent or guardian of the above youth, feel the G.R.A.N.I.T.E. Mentorship Program would be very beneficial for my child and therefore agree to the following:

- A. I will allow my son/daughter to be a member of the program and participate in all its activities for one year;
- B. I will support and encourage the relationship between the mentor and my child;
- C. I will make sure my child is ready when the volunteer arrives, and if my child must cancel due to an emergency, I will make every effort to notify the volunteer in advance;
- D. I will contact the Director of the program if there is a problem resulting from the match.

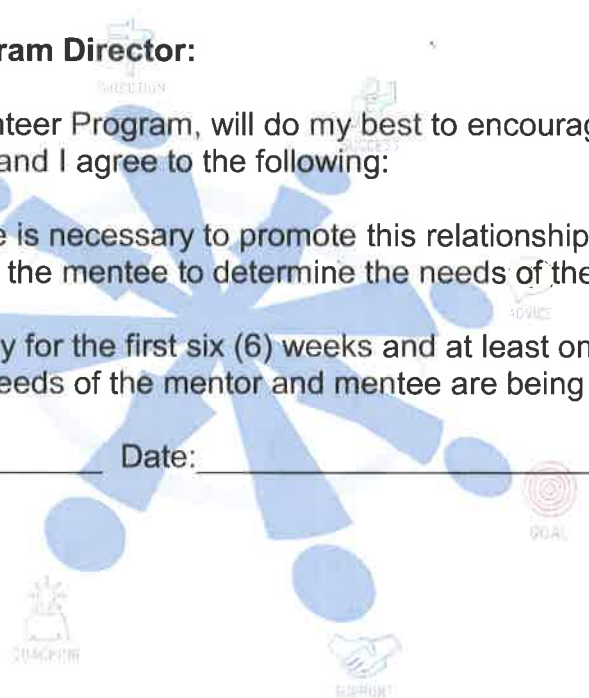
Signature: _____ Date: _____

G.R.A.N.I.T.E. Mentorship Program Director:

I, the Representative of this Volunteer Program, will do my best to encourage a positive relationship between the Mentor and Mentee and I agree to the following:

- A. I will offer whatever assistance is necessary to promote this relationship;
- B. I will periodically check-in with the mentee to determine the needs of the mentee and evaluate the progress of the match;
- C. I will contact the mentor weekly for the first six (6) weeks and at least once every three (3) weeks thereafter to ensure that the needs of the mentor and mentee are being met.

Signature: _____ Date: _____













G.R.A.N.I.T.E.

Mentorship Program Checklist

Mentor: _____ Mentee: _____

Task:	Date Completed:
Complete application 	
Two references 	
Criminal background check 	
Driver License check and copy of valid License	
Training session 	
Mentor meet mentee and parent/guardian	
First lunch completed/first after school activity completed	

Additional Comments:
