



San Francisco Unified School District
MENTORING FOR SUCCESS – PROJECT ARRIVE

STUDENT APPLICATION

Full Name: _____ Preferred Name: _____

School: _____ Birthdate: _____

Email: _____ Phone: _____

Preferred Method of contacting you? Email Phone Text In-Person Other: _____

Parent/Guardian Name: _____

Contact Info for Parent/Guardian: _____

9th Grade Counselor: _____

Why are you interested in participating in Project Arrive: Group Mentoring Program?

Can you meet with a group once a week during the school year? YES NO

What is one thing you are hoping to learn from being in a mentoring group?

What will be your biggest challenge participating in mentoring group?

Project Arrive Group Mentoring: Student Agreement

As a member of the Project Arrive Mentoring Group, I agree to the following: (please initial)

____ Participate in a training on “How to be Successful in a Student Mentoring Group”

____ Notify mentor if absent from group and communicate with classroom teacher about missed classes/work

____ Work together with other group members to develop community guidelines for weekly mentoring group

____ Engage in group mentoring with a positive attitude and an open mind

____ Develop mentor group and personal goals with my mentor and other group members

____ Complete Mentoring Group Surveys, Evaluations, and Interviews to improve the mentoring program

____ Share about group mentoring with parents/guardians, admin., teachers, & other staff when need arises

____ Ask for assistance when I need help with communicating and getting to know other group members

Please return form to: Wesley West, westw@sfusd.edu, School Health Programs (SFCSD), 1515 Quintara Street