



San Francisco Unified School District
MENTORING FOR SUCCESS – PROJECT ARRIVE
GROUP MENTOR APPLICATION

Full Name: _____

Date: _____

School: _____

#of years at school: _____

Job Title: _____

Email: _____

Work Phone Number _____ Other Number (if applicable) _____

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

Best time for meetings, mentor trainings or contact with mentoring program staff.

Before School After School During the School Day/Time: _____

What motivated you to participate in the Project Arrive: Group Mentoring Program?

Can you meet with a group once a week during the school year? Yes No

Group mentoring consists of 2 mentors: Do you have someone you would like to co-facilitate the group with? No Yes

Name of Co-Mentor: _____

Mentor Agreement

As a volunteer for the Project Arrive: Group Mentoring Program, I agree to the following: (please initial)

Attend a training session before beginning group mentoring

Be on time for scheduled meetings, trainings, groups

Notify Mentoring For Success (MFS) contact, school office, students, if unable to keep my weekly group meeting

Conduct attendance and evaluation for each group adhering to MFS reporting requirements

Engage in the group mentoring relationship with an open mind

Communicate with mentee's teachers, parent/guardians, administration, or other support staff when need arises

Establish and maintain group expectations throughout school year

Ask for assistance when I need help with my mentees or other program support

Notify MFS to changes in group (i.e., adding or dropping students, changing mentors, adjusting group time)

Signature _____ Date: _____

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