



Rockin'Readers

Be a Rockin'Reader Mentor at Country Elementary School

Mentors will go to Country Elementary once a week on Mondays and mentor their assigned youth for 30 minutes . Together you work on their reading skills by having your mentee read to you.

Mentor's Requirements:

- Commit to mentor once a week from Fall to Spring from 3:00pm-3:30pm
- Complete the attached packet which includes application, a parent permission reference, and another adult reference which must be completed by a teacher or other school personnel.
- Turn in completed application
- Schedule an Interview with Case Manager
- Attend mandatory Mentor Training.

Applications can be returned as followed:

- Dropped off at our office located within The McPherson Manson at 915 N. Michigan Ave Howell, MI 48843
- Faxed to 517- 546-0092
- Scan and email to Case manager at Alyson.MapesMLI@gmail.com

If you have any question please contact Alyson Mapes, Case Manager
810-844-4962

Mentor Livingston
915 N. Michigan Ave Howell, MI 48843
Contact us at 517-546-1140



Site-Based Middle School and High School Application (Print Clearly)

First Name:		Middle Name:		Last Name:		Date of Birth:	
Home Address:			City:		County:		Zip: Male Female
Email:		Home Ph #:			Cell Ph #:		
Preferred Method of Communication (check one): Phone <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/>							
Employer (if employed):							
School:		Grade Level:		Do you have a driver's license? ____ Yes ____ No		Ethnicity:	
Parent's Name:				Parent's Work/Cell Phone:			
What, if any, other youth organizations have you worked for or been involved with as a volunteer?							

Who lives in your house; please list

Name	Relationship to you.

I understand that:

1. I am in no way obligated to perform any volunteer services;
2. The information I provided may be used to conduct a background check;
3. The Mentor Livingston agency is not obligated to match me with a youth;
4. As part of the enrollment process, I will be asked to provide two references; one from a parent/guardian and the second reference from a school staff member such as a teacher, Principal, counselor, etc.
5. I may return my Site-Based Middle School and High School Application, Site-Based Reference Form, and Middle and High School Mentor's Parent Consent and Reference Form to my Case Manager.

Drop Off or mail to Agency Office: Mentor Livingston, 915 N. Michigan Ave., Suite 104, Howell, MI 48843.

Scan: mentorlivingston@gmail.com

Fax: 517-546-0092.

Signature

Date



MIDDLE AND HIGH SCHOOL PARENT CONSENT AND REFERENCE FORM

Name of Applicant: _____

Name of Parent/Guardian: _____

Contact Information for Parent/Guardian:

Cell Phone: _____

Email: _____

Home Address: _____

In serving as a reference for your child's application as a mentor, please answer the following questions.

1. Do you believe your son/daughter will be a good mentor and a positive role model for a younger student? Why or why not?
2. Describe your son/daughter's personality and interests (e.g., is he/she shy or outgoing, prefer outdoor or indoor activities, is he/she trustworthy, reliable, and consistent?)
3. Do you believe your son/daughter can fulfill a school year commitment to the Mentor Livingston program? If no, please explain any concerns you have.
4. Have you observed your son/daughter interacting with younger children? If so, can you describe how your son/daughter interacts with younger children?
5. What reservations or concerns do you have about your son/daughter's participation?

I give permission for my son/daughter, _____, to volunteer with Mentor Livingston. I have read and co-signed, with my child, the Volunteer Application and understand that she/he is committing to be a volunteer mentor for at least one school year, and that she/he will spend about an hour each week mentoring a younger child (except during school breaks). I understand that his/her involvement in the Mentor Livingston program will be under the guidance of Mentor Livingston staff and that she/he is required to complete the agency interview process, attend a program orientation, and abide by all program rules and expectations.

I also understand that it is the responsibility of the student, parent/guardian to provide transportation to and from the program site.

I feel this is a good opportunity for my son/daughter and fully support and recommend his/her involvement as a mentor.

Parent Signature

Date



**Site-Based Middle or High School Mentor Reference Form
(Adult School Personnel)**

Adult Completing This Form (Please Print)

Applicant's Name

1. How long have you known the applicant?
2. In what capacity do you know him/her?
3. Can you tell me about a time you observed this applicant around a child or children?
4. What were your impressions or feelings about that interaction?
5. Do you know of any reason why being a mentor may not be the right volunteer experience for this applicant?
6. Is there anything else you would like to tell us about this applicant?

If you wish to maintain confidentiality, you may mail this form to our office.

Signature

Date

PLEASE RETURN THIS FORM TO:

**MENTOR LIVINGSTON INC.
915 N. Michigan Ave. Suite 104
HOWELL, MI 48843
(517) 546-1140
(517) 546-0092 Fax**