



Lake County Youth Mentor Program
"Be a Hero"
Peer Mentor Application Form

The information on this form is confidential and will be utilized solely for the purpose of determining your qualifications for the mentor program and is the property of the Lake County Youth Mentor Program. Please return to: Lake County Youth Mentor Program, 357 North L Street, Lakeview, OR 97630. For more information, call 541-947-4880 or 1-877-947-2744.

PLEASE PRINT

Last Name _____ First Name _____ Middle Name _____
Street _____ City _____ State _____ Zip _____
Home phone _____ Cell phone _____
Birth Date _____ Male _____ Female _____ Non-binary _____ Grade _____
E-Mail Address _____

List five words that best describe you (i.e.: outgoing, playful, inquisitive)

Please explain why you would be an asset to the Peer Mentor Program.

Please list any special skills, hobbies, or interests you can share.

Please attach recommendation letters from two (2) teachers.

Thank you for your interest in participating in the Lake County Youth Mentor Program. By signing you are agreeing to:

- identify two students each nine weeks to mentor;
- have at least one contact per week with each of your identified students;
- maintain a high personal standard both at school and at sponsored activities; and,
- complete an evaluation form at the end of your assignment.

Applicant Signature

Date

Parent/Guardian Signature

Date

The Lake County Youth Mentor Program is an Equal Opportunity Program and does not discriminate according to race, religion, physical handicap, sexual preferences, or economic status.