



## Granite Falls School District Mentor Program

*Mentor Once Child, Change Two Lives*

Thank you for your interest in the Granite Falls School District Mentor Program. The youth here in our community represent our hope for the future and as a mentor you will provide support and guidance to help a student to become a healthy and confident young citizen and this is the start of that journey.

The mission of the Granite falls School District Mentor Program is to link schools and community by matching, one-to-one, caring and responsible adults with students to encourage personal and academic growth. Our program focuses on students from Monte Cristo, Mountain Way, the Middle School, the High School and Crossroads High School that have been referred by a teacher or counselor. Your commitment to our program would be 30-50 minutes a week spent with one student for the duration of the school year.

In this packet you will find a Mentor Application, Mentor Interest Survey, Washington State Patrol form and Granite Falls School District Volunteer Statement, all of which need to be filled out completely. Along with the Washington State Patrol form we will need a **copy of your driver's license** so that the background check can be processed in a timely manner.

As soon as we get the completed application back we can start the process. There is a volunteer interview along with a volunteer training that needs to take place before we can match you with a student. There is no exact time frame for this process but please know that we will do the best we can to move quickly through this part so that you can start positively impacting the life of a student in our program.

If you have any questions please contact Brandi Walker at (360) 283-4353 or [bwalker@gfalls.wednet.edu](mailto:bwalker@gfalls.wednet.edu).

A handwritten signature in black ink that reads "Brandi Walker".

**Brandi Walker**  
Mentor Coordinator  
[bwalker@gfalls.wednet.edu](mailto:bwalker@gfalls.wednet.edu)  
360-283-4353





# MENTOR APPLICATION

## Granite Falls School District Mentor Program

205 N Alder Ave, Granite Falls, WA 98252 • (360) 283-4353 • Fax (360) 925-6477

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ MAY WE CONTACT YOU DURING WORK HOURS?: Y N WORK HOURS: \_\_\_\_\_

*SS# will be will be blacked out from application once WSP Background Check is Issued.*

### REFERENCES:

Please provide us three references. We are contacting them to speak about your personal character, dependability, and appropriateness for working with youth.

**FIRST AND LAST NAME:** \_\_\_\_\_ **PHONE:** (\_\_\_\_) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**TYPE OF RELATIONSHIP:** \_\_\_\_\_ **LENGTH OF RELATIONSHIP:** \_\_\_\_\_

**FIRST AND LAST NAME:** \_\_\_\_\_ **PHONE:** (\_\_\_\_) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**TYPE OF RELATIONSHIP:** \_\_\_\_\_ **LENGTH OF RELATIONSHIP:** \_\_\_\_\_

**FIRST AND LAST NAME:** \_\_\_\_\_ **PHONE:** (\_\_\_\_) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**TYPE OF RELATIONSHIP:** \_\_\_\_\_ **LENGTH OF RELATIONSHIP:** \_\_\_\_\_





## Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you want to become a mentor?
2. Do you have any previous experience volunteering or working with youth? If so, please specify.
3. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.
4. Can you commit to participate in the Granite Falls School District Mentor Program for a minimum of one year from the time you are matched with a youth?
5. Are you available to meet with a child once per week? Please explain any particular scheduling issues.
6. How would you describe yourself as a person?
7. How would your friends, family, and co-workers describe you?
8. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?
9. Are you willing to attend an initial mentor training session and at least two Coffee Chats per year after being matched?

**Please read this carefully before signing:**

GFSD Mentor Program appreciates your interest in becoming a mentor. Please initial each of the following:

\_\_\_\_\_ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

\_\_\_\_\_ I understand that GFSD Mentor Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

\_\_\_\_\_ (optional) I agree to allow GFSD Mentor Program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Copy of your valid driver's license
- Washington State Patrol Form
- Interest Survey Form

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

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**Signature**

**Date**





## Mentor Interest Survey

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete all the following. This survey will help the Mentor Program Coordinator know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentee? Please check all that apply.

Monday: \_\_\_ Tuesday: \_\_\_ Wednesday: \_\_\_ Thursday: \_\_\_ Friday: \_\_\_ AM/PM: \_\_\_

Please indicate age group(s) and/or you are interested in working with:

Grade: \_\_\_ K-3 \_\_\_ 4-5 \_\_\_ 6-7 \_\_\_ 8-12 \_\_\_ Crossroads

Do you speak any languages other than English? If so, which languages?

Would you be willing to work with a child who has disabilities? If so, please specify disabilities you would be willing to work with.

What are some favorite things you like to do with other people?

What are your favorite subjects to read about?

What is your job and how did you choose this field?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday.

