Name of Senior Experience Candidate

MENTOR APPLICATION (due March 15, 2024)

Mentor's Name	
Position	
Mentor's Organization	
Address	
Telephone E-mail	
Nature of Business	
Type of work the mentee will be doing	
If there are any circumstances that might prevent student, please explain:	you from serving as a mentor to this
By signing below I acknowledge that I have received the Y Mentor Handbook. I am agreeing to be a mentor and I und from May 20 - June 11, 2024. Students will return to Yorkto Experience seminar.	lerstand that the Senior Experience program is
Mentor Signature Date	

Please return this application to the student you are mentoring. If you are having problems please contact Heather Sutphin at heather.sutphin@apsva.us

Name of Senior Experience Candidate	
BUSINESS REFERENCE (due March 15, 2024)	
This form is to be completed by a colleague or personal acquaintance of the Mentor.	
This form is <u>NOT</u> to be completed by the Mentor. This form is <i>NOT</i> to refer to the Senior Experience Candidate's competencies.	
Reference's Name	
Position	
E-mail Telephone	
Organization Name/Address	
The person named below has applied to be a volunteer mentor for a Yorktown High School student taking part in the Senior Experience Program. This person will mentor the student for the last three weeks of school from May 20, 2024 to June 11 2024. The student does not receive a grade or credit for this experience but will attend a final seminar and submit a one page summary of their experience.	
Mentor's Name	
Mentor's Organization	
How long have you known the mentor listed above and in what context?	
Please write whatever you think is important about the mentor. We are particularly interested in how the mentor relates to young people and their ability to teach them in a mentor/mentee relationship.	

Is there anything you know about the mentor that would give you pause about their working with high school age

students? If yes, please explain.