



STARS Mentor Application

The STARS Mentoring Program is a classroom-based, peer-to-peer mentoring program that engages and supports students to make positive life choices and build healthy relationships. STARS provides students the opportunity to discover themselves and build upon their skill set through our three core elements of self-awareness, healthy decision-making and MentorLife®, which means to always invest in someone and always have someone investing in you. STARS mentors receive training and mentoring from their program coordinator, then they in turn are paired with no more than four mentees where they lead activities and opportunities for discussion. Through the program, students are able to strengthen their leadership abilities, discover and practice positive social and emotional skills around mental health, healthy relationships and decision-making, gain confidence and feel valued.

To be considered as a Mentor for STARS, read the attached information carefully, complete this packet thoughtfully, then follow the submission directions. This STARS Mentor Application includes the STARS Mentor Commitment Statement and Release Forms. Please fill them out completely and return the entire application to _____ . You may be asked to interview with your STARS Coordinator before you are officially selected to begin mentoring.

If you have any questions, please feel free to contact me, _____, your STARS Program Coordinator at _____.



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Mentor Commitment Statement

As a STARS Mentor, I, _____, agree to the following (please initial each item):

_____ I agree to attend all mentoring activities, including mentor training, weekly mentor meetings, weekly mentoring sessions, MentorLife Summit, and the STARS National Conference during the 2020-21 school year.

_____ I agree to maintain a 2.5 GPA

_____ I will strive to be respectful toward others, engage in healthy relationships with my peers, and make healthy choices for my life

I have agreed to do this because I am a mentor and role model to the mentees in whom I invest, and because I am representing the STARS Mentoring Program in all that I do. I understand that if I violate this commitment, I may not be allowed to continue participating in STARS.

Signature

Date _____

Parent Signature

Date _____



STARS Mentor Application

| Applicant Information | | | | | |
|---|--|-----------|----------------|--------|--|
| FIRST NAME | | LAST NAME | | Date | |
| Street Address | | | | Unit # | |
| City | | State | | ZIP | |
| Phone | | | E-mail Address | | |
| Parent/Guardian Name: | | | | | |
| Parent/Guardian Phone: | | | | | |
| Parent/Guardian Email: | | | | | |
| Your Current Cumulative GPA | | | | | |
| List all current or future clubs/sports/activities/jobs you are a part of inside and outside of school: | | | | | |
| QUESTIONS FOR YOU (use attached paper if additional space is required) | | | | | |
| 1) Why do you want to be a STARS Mentor? | | | | | |
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| 2) What are your greatest strengths? How would you use your strengths as a STARS Mentor? | | | | | |
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| |
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| 3) Describe an area in your life you have grown or improved in the last year. What did you learn from this experience? |
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| 4) What strategies do you use to build relationships with people who are different from you? |
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| 5) Share a time when something in your life did not go as planned. How did you handle it? What did you learn from the experience? |
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6) How do you define a role model? Do you consider yourself a role model?

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Please rate the following things based on your interest level:

(Rating on a 1-5 scale. 1-least interested 5-most interested)

| | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
| Leading small group discussions: | 1 | 2 | 3 | 4 | 5 |
| Speaking to a classroom: | 1 | 2 | 3 | 4 | 5 |
| Taking on a leadership role: | 1 | 2 | 3 | 4 | 5 |
| Leading activities: | 1 | 2 | 3 | 4 | 5 |
| Interacting with new people: | 1 | 2 | 3 | 4 | 5 |
| Sharing about yourself in a small group: | | 2 | 3 | 4 | 5 |

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REFERENCES

Do not list any references that are related to you. At least one reference should be a current teacher.

First Reference

| | | | | | |
|-----------|--|--------------|--|-------------|--|
| Full Name | | Relationship | | # YRS KNOWN | |
| EMAIL | | Best Phone # | | | |

Second Reference

| | | | | | |
|-----------|--|--------------|--|-------------|--|
| Full Name | | Relationship | | # YRS KNOWN | |
| EMAIL | | Best Phone # | | | |

Disclaimer and Signature

I certify that my answers on this application are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in my disqualification from participation in the STARS Mentoring Program process. I understand that by signing the attached commitment statement, and if chosen as a mentor, I will be held to the highest standard when it comes to the norms and expectations of our STARS Mentoring Program. I understand that not complying with the program expectations may result in the loss of my mentoring position.

| | | | |
|-------------------|--|------|--|
| Student Signature | | Date | |
| Parent Signature | | Date | |

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