CHAMPS
CHurches as Mentoring Partners with Schools
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Application - To be Mentored

Name: _____ Date: _____

Parent/ Guardian's Name(s) _____

Address (where you live) _____

City _____ State _____ Zip _____

Home Phone_____ Work Phone _____
Cell Phone _____

E-mail _____ School Attending _____

Counselor's Name _____

- I realize that character and quality life values are best learned through the counsel and wisdom of adults in my life.
- I understand that one of the goals of this program will be to build the 40 developmental assets into my life, and I am willing to work toward that goal.
- I understand that the mentors with CHAMPS are from the faith community from various churches in the area. I also understand that part of my mentoring process will involve discussions about God and the opportunity to be involved in an area church and/or church youth program.
- Based on my understanding of the above, I am asking to be mentored by one of the adult volunteers of the CHAMPS program.

_____ _____
Signed Date

Background information (by prospective Mentee)

What do you like to do?

_____
_____
_____

Do you have pets? ____ What kind _____

What are your favorite things about school?

_____
_____
_____

What are your favorite subjects?

_____
_____

Are you involved in any community groups or activities? Such as Soccer, Baseball, Basketball, drama, Boy or Girl Scouts, etc. If so, what?

_____
_____
_____

Is there anything in your life you are going through that is really difficult right now? Explain.

_____
_____
_____
_____

Are you involved in a local church or church youth group? Yes_____ No _____
If so, which, one's:

_____
_____

Why would you like to have a mentor? Explain:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Signed _____ date _____