



Rio Rancho Public Schools
Impact Youth Mentoring Program



Student Mentor Application: Community

For best results please download or save this form (right click mouse and select "save as") to your desktop, prior to filling out.

Name: _____ Email: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Cell: () _____ Home: () _____ Work: () _____
Place of Work or College Attending: _____ Gender: Male Female

Age Range: 19-24 yrs. 25-29 yrs. 30-34 yrs. 35-39 yrs. 40 or above

References: Name: _____ Relationship: _____ Tel: _____
(other than family, professional references preferred.) Name: _____ Relationship: _____ Tel: _____

Availability (check all that apply): Mon. Tues. Wed. Thur. Fri.

Mentee Age Preference: *(Please check one and indicate time available)*

HS *(Ages: 14 - 18)* School Hours: 7:20 a.m. - 2:30 p.m. Time available: _____

MS *(Ages: 11 - 13)* School Hours: 8:10 a.m. - 3:15 p.m. Time available: _____

Elementary *(Ages: 5 - 10)* School Hours: 9:00 a.m. - 4:00 p.m. Time available: _____
(Colinas del Norte and Puesta del Sol School Hours: 7:30 a.m. - 1:55 p.m.)

Specific School Preference:

List your special interests or talents:

Please tell us why you want to be a mentor:

What type of student would you prefer to mentor?

- | | |
|--|--------------------------------|
| Any style is fine with me | Very involved and open |
| Participatory, but not too assertive | Reserved and on the quiet side |
| Aggressive, the one who takes the lead | Other: (please describe) |

Date: _____

Type your Name (this is your signature)

Once form is complete click the **Submit** button to open your email (you may need to save the form to your desktop using **Save** button below or by right-clicking your mouse and clicking the "save as" option) and send this form to the district office to lanell.segura@rrps.net. You may also click the **Print** button (may require saving form, follow instructions above, prior to printing) and mail form to the the address below:
RRPS Student Services Dept., 500 Laser Rd, Rio Rancho, NM 87124

For Office Use Only:

Background Check Completed: _____ Date: _____
Training Completed: _____ Date: _____
Mentee Assigned: _____ Date: _____
References Checked: _____ Date: _____