



44 South Beaver Street, New Castle, PA 16101
Phone: 724-654-5507 Fax 724-654-5546
E-Mail: Craymentor@gmail.com Website: crayyouth.org

High School / Elementary School 1-to-1 Mentoring Program Application

Thank you for taking the time to fill out this application to become a volunteer mentor with us! Our program uses the principle of a one-to-one relationship between a mentor (15-18 years of age) and a mentee (6-12 years of age) to help the younger child with such things as self-esteem, peer relations and schoolwork. Please return this form by email, fax, or regular mail using the contact information above. Our program meets three Wednesday evenings a month during the school year from 5:00 – 6:30 PM at the Cray education center in Neshannock Township.

After your application is reviewed, you will be contacted for an interview and orientation.

Date of Application: _____

Name: _____ Date of Birth: _____

Address: _____

Phone number: _____ OK to text? _____

Email: _____

School: _____ Grade: _____

Are you employed? _____ If so, where? _____

Position held: _____ Length of employment: _____

Do you have a driver's license? _____

If not, do you have reliable means of transportation? _____

Are you involved in any extra-curricular activities? _____ Please list:

**** Two references are required – one from your parent and one from an adult at school who knows you well. Please give them the attached reference form.**



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Statement of Program Philosophy/Volunteer Policy and Authorization For Release of Confidential Information

Cray Youth and Family Services is a social services agency designed to help at risk children in Lawrence County. The Mentoring program seeks to assign qualified high school students in Lawrence County to children who can benefit from positive attention, assistance with schoolwork and social skills.

The application and interview process is designed to establish a profile of you and your interests and hobbies, all elements of your profile will be kept in the strictest of confidence. Prior to assignment, we will share with you the interests, hobbies and needs of the child. Any party has the right to refuse to enter into a match based on the information communicated.

The undersigned acknowledges:

1. They have read and fully understand the statement above;
2. Agrees that he/she is not obligated if called upon to perform the volunteer services herein applied for and that the agency is not obligated to assign or actively seek to assign the applicant to a child;
3. Understands that it will be necessary for Cray staff to investigate my background and to check my character references. I hereby give my consent for this information exchange and authorize the release of information requested.

Signature of Applicant: _____ Date _____

The undersigned acknowledges:

1. That they are the Parent/ Legal Guardian of the applicant;
2. That they give their permission for the applicant to be a mentor to an elementary aged student;
3. That the applicant will be interviewed by Cray staff to assess their suitability to be a mentor.

Signature of Parent/Guardian: _____ Date: _____



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1-to-1 Mentoring Volunteer Reference Form - School personnel

Thank you for taking the time to fill out this reference form for your student to become a volunteer mentor with us! Our program uses the principle of a one-to-one relationship between a mentor (15-18 years of age) and a mentee (6-12 years of age) to help the younger child with such things as self-esteem, peer relations and schoolwork. Please return this form by email, fax, or regular mail using the contact information above. If you have questions or prefer to do a verbal reference, please call 724-654-5507.

Date: _____

Name of Applicant: _____

Your Name/relationship to applicant _____

How long have you known the applicant? _____

How would you rate the applicant’s sense of responsibility and dependability?

____ Below Average ____ Average ____ Above Average ____ Outstanding ____ Unsure

How would you rate the applicant’s sensitivity to the needs of others?

____ Below Average ____ Average ____ Above Average ____ Outstanding ____ Unsure

How would you rate the applicant’s ability to adapt to unique personalities?

____ Below Average ____ Average ____ Above Average ____ Outstanding ____ Unsure

Would you expect the applicant to seek help when needed?

____ Below Average ____ Average ____ Above Average ____ Outstanding ____ Unsure

How would you rate the applicant’s adherence to basic rules?

____ Below Average ____ Average ____ Above Average ____ Outstanding ____ Unsure

Indicate the strength of your overall recommendation.

____ Do Not Recommend

____ Recommend with Reservation ____ Recommend ____ Recommend Highly ____ Unsure

Please share any additional information you feel is relevant to matching the applicant in a mentoring position. (Examples – busy work/extracurricular activities schedule, transportation barriers etc.)



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1-to-1 Mentoring Volunteer Reference Form - Parent or Guardian

Thank you for taking the time to fill out this reference form for your student to become a volunteer mentor with us! Our program uses the principle of a one-to-one relationship between a mentor (15-18 years of age) and a mentee (6-12 years of age) to help the younger child with such things as self-esteem, peer relations and schoolwork. Please return this form by email, fax, or regular mail using the contact information above. If you have questions or prefer to do a verbal reference, please call 724-654-5507.

Date: _____

Name of Applicant: _____

Your Name/relationship to applicant _____

How long have you known the applicant? _____

How would you rate the applicant’s sense of responsibility and dependability?

____ Below Average ____ Average ____ Above Average ____ Outstanding ____ Unsure

How would you rate the applicant’s sensitivity to the needs of others?

____ Below Average ____ Average ____ Above Average ____ Outstanding ____ Unsure

How would you rate the applicant’s ability to adapt to unique personalities?

____ Below Average ____ Average ____ Above Average ____ Outstanding ____ Unsure

Would you expect the applicant to seek help when needed?

____ Below Average ____ Average ____ Above Average ____ Outstanding ____ Unsure

How would you rate the applicant’s adherence to basic rules?

____ Below Average ____ Average ____ Above Average ____ Outstanding ____ Unsure

Indicate the strength of your overall recommendation.

____ Do Not Recommend

____ Recommend with Reservation ____ Recommend ____ Recommend Highly ____ Unsure

Please share any additional information you feel is relevant to matching the applicant in a mentoring position. (Examples – busy work/extracurricular activities schedule, transportation barriers etc.)

