Clarinda Middle School
Mentors in Violence Prevention
2019-2020 Mentoring Application

Thank you for your interest in the MVP Mentoring Program for the 2019-2020 school year. CMS Student Mentors will be learning the importance of bystander intervention and education. Our mentors will work with small groups of 7th graders, under the guidance and supervision of a staff member, to address topics and learn appropriate options for intervention in specific situations and scenarios. Our goal is to foster a positive and safe peer culture, while inspiring a climate where negative attitudes, beliefs, and behaviors are seen as unacceptable, uncool, and unwelcome. Our MVP Student Mentors have the opportunity to develop skills and confidence to become leaders and mentors to others on issues of bullying and gender violence. We are looking for students who are well-rounded and active in school and/or their community. In order to apply for the program, you must meet the following criteria:

1. Must currently be enrolled as an eighth grade student.
2. Must be passing all coursework in the previous semester.
3. Must have an acceptable attendance average and behavior patterns.
4. Must be involved or interested in school/community activities.

Please turn your completed application to Mrs. Wyman in the office or Mrs. Bird no later than Wednesday, October 2nd. Early applications are strongly encouraged! Thanks again for applying!

PART I
Please complete the following. Feel free to add an extra page if needed.

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<th>Community Service</th>
<th>List All Co-Curricular &amp; Extracurricular Activities</th>
<th>Interests &amp; Employment</th>
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<td>Hobbies Activities</td>
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PART II

Please answer **one of the following questions in short answer form in the box provided.**

1. What is one unique quality that you possess that can, in some way, benefit the CMS MVP Mentoring Program? How?
2. In what ways do you contribute to Clarinda Middle School?
3. If you could go back to your 7th grade year, or start your 7th grade year again, what would you change and why?
4. Describe a time when you demonstrated positive leadership.
5. Identify one weakness you have and how you work to improve in the area.
Part III

Please list three CMS staff that would be willing to give a positive recommendation for you. We will survey them as a group for feedback on our mentor candidates.

1. ____________________________________________________________

2. ____________________________________________________________

3. ____________________________________________________________

Please have someone write a few sentences below in recommendation of you as a mentor. This should be someone who does NOT work for the school. It can be a family member, friend, coach, employer, etc. They must sign their name and state their relationship to you. Thank you!

________________________________________________________________
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Part IV

Student Name ______________________________________________________________

I understand that:
~ I will be expected to complete all group trainings as directed by CMS staff.
~ I will be expected to meet with my mentees on days assigned by CMS staff; consistency is extremely important in building a solid match relationship.
~ By signing below, I state that I understand and agree to follow all CMS guidelines presented to me during the course of mentoring. I understand that violation of CMS guidelines may result in my dismissal from the program.
~ I further agree to be drug and alcohol free at all times during my mentoring service.

I hold all the above information to be true and correct.

____________________________________________
Signature of Student Mentor Applicant                                                            Date

THIS SECTION MUST BE COMPLETED BY THE PARENT/GUARDIAN OF THE ABOVE NAMED MIDDLE SCHOOL STUDENT:

Dear Parent/Guardian:

By completing the permission slip below, you are giving your permission to allow your son or daughter to mentor an assigned small group of 7th graders. All student mentoring will be done in a supervised group setting at the assigned room location. These groups will be supervised by professional staff.

I am giving permission for my student to participate in the CMS MVP Mentoring Program. I understand that they must uphold their responsibilities to remain active in the program.

Student’s name ______________________________________________________________

Parent/Guardian Signature __________________________________________ Date________

Printed Name of Parent/Guardian________________________________________

Relationship to child___________________________________________________