

Dear Potential Mentor:



Mr. Tolson and Mr. Ariniello are looking for student mentors for FUSION 2017-2018! FUSION is a program, sponsored by a grant through Newtown Youth and Family Services, which matches juniors and freshmen to help make the transition to NHS great. Students work together throughout the year, enhancing relationships; positively shaping choices and attitudes; and just having fun! In addition to meeting weekly, FUSION has planned activities and field trips. It is also a program expectation that the freshman/junior pair periodically get together outside of the school day. **STUDENTS MUST ATTEND DAILY MEETINGS OR WILL NOT BE ABLE TO PARTICIPATE IN FUSION. This is a full year program.** If you are responsible, you make good choices, you have time available outside the school day and you would like to be considered for a mentor in Fusion for next school year, complete the form below and return it to Mr. Tolson via email at jefftolson@gmail.com, drop it off at NHS or fax it to NYFS.

Mentor Responsibilities:

- Participate in a once a month activity of your choice with your partner outside of NHS
- Attend Advisory daily with your FUSION partner.
- Attend mandatory Mentor training **WILL BE HELD IN AUGUST**
- Familiarize your mentee with school culture, encourage involvement in extracurricular activities
- *Must* volunteer minimum of (2) shifts at a Newtown Youth & Family Services community related event

If responsibilities are not fulfilled, opportunity being a Mentor will be revoked immediately.

By signing here, I understand the responsibilities/eligibility of being a Mentor for the FUSION program and if I do not fulfill the responsibilities, I too understand that I will no longer be a Mentor for the FUSION program. I understand that I will be randomly surveyed, my responses will remain anonymous, and however, the information from all surveying will be combined together with other FUSION students and reported to members who are working on implementation of the CSC Prevention Grant.

Mentor Signature

Date

By signing here, I understand the responsibilities/eligibility of my child being a Mentor for the FUSION program and if my child does not fulfill the responsibilities, I too understand that they will no longer be a Mentor for the FUSION program. I understand that my child will be randomly surveyed, their responses will remain anonymous, and however, the information from all surveying will be combined together with other FUSION students and reported to members who are working on implementation of the CSC Prevention Grant.

☐ I give the FUSION Program permission to photograph my child. The photographs may be used in any of the media used by **Newtown Youth and Family Services, Inc** for promotion including website, newsletters, social media, leaflets, posters.

Parent/ Guardian Name(s): _____

Parent/Guardian Signature

Date

mariniello@newtownyouthandfamilyservices.org

15 Berkshire Rd. Sandy Hook, CT 06482 | P 203-270-4335 | F 203-270-4338

Mentor Application

Part I:

Name: _____ **Age:** ____ **Cell:** _____

Email (THIS IS IMPORTANT! This is how we will stay in touch with you

Part II: Respond in the spaces provided only

Why do you want to become a Mentor?

What, in your opinion, is the most important advice you can give to a 9th grade student?

What are you looking for in a mentee?

What clubs/sports/activities are you involved in and out of school?

Fall:

Winter:

Spring:

What are your interests (what do you do in your spare time) not mentioned in the question above?

What are your strengths?

What are your weaknesses?

List ideas of how you can reach out to your partner during the first month of school?

What are some things you can do that are fun and will also serve the community?

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