

# Mentor Selection

## **What is a community mentor?**

A mentor is someone who is working in the field or who has knowledge and experience in the subject of your Extended Application Project.

## **What can a community mentor do for me?**

The mentor will guide you through the process of completing your Extended Application Project. Your mentor will NOT do your project for you.

## **How do I find a community mentor?**

1. Ask friends, family, etc. if they know someone who is an expert in the area of your Extended Application Project.
2. Ask your AG teacher for possible mentors.
3. Use the Silverton Chamber of Commerce website to find a mentor.

## **How involved does the community mentor need to be?**

You must meet with your mentor a minimum of 2 times:

1. to finalize the plans for the project
2. to critique the finished project
3. other times as necessary when questions or problems arise

## **Who can be a community mentor?**

An adult 23 years of age or older who has the knowledge and experience to help you complete your project.

## **Who CANNOT be a community mentor?**

1. A parent/guardian or immediate relative cannot be your mentor.
2. A mentor must pass a background check with the school district. Failure to do so will void any prior agreement.

## **Does my community mentor have to live in the community?**

Your mentor has to work/live close enough that you can meet with him/her in person twice.

## **How do I contact a potential mentor?**

Use the phone script on the next page as a guide

# Phone Script

Hi, my name is \_\_\_\_\_. I am a junior/senior at Silverton High School.

I am starting my Extended Application Project and I am looking for a mentor who has experience related to my career interest and your name came highly recommended.

Because I \_\_\_\_\_ **(state how you heard about them/what you know about them)**, I would like to work with you or someone in your organization.

May I set up a time to talk to you about this?

1. If he/she says “no,” ask him/her if he/she can recommend somebody else.
2. If he/she says “yes,” say
  - a. I will need to meet with you a minimum of 2 times to finalize the plans for the project, to critique the finished project, and any other times as necessary when questions or problems arise.
  - b. It would be best if I could meet with you to discuss the details and complete the Mentor Agreement on \_\_\_\_\_ (dates) so I wouldn’t be missing any school. **(give alternative dates if you need to)**
3. If he/she says “yes” ask all pertinent details and write his/her answers down...
  - a. What time should I be there? \_\_\_\_\_
  - b. What should I wear? \_\_\_\_\_
  - c. Can you give me directions? \_\_\_\_\_
  - d. Which door should I go in? \_\_\_\_\_
  - e. Where should I park? \_\_\_\_\_
4. Repeat what you heard to check for accuracy.
5. Tell him/her your phone number where you can be reached that day.
6. Ask him/her if this is the right phone number to contact them in case of emergency.
7. Thank him/her and say you are looking forward to the experience.
8. Be sure to follow through!

This person may or may not agree to serve as your mentor, but be sure to thank him/her regardless! You may have to contact several people before you find the right person.

# Mentor Agreement

The mentor and student must complete and sign this contract.  
Make a copy for the mentor and student.

## Student Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Brief Description of Extended Application Project:

## Mentor Information

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

*Please list your qualifications and experience (minimum of 3 years) in the subject area of the student's project:*

In the space below, please list the responsibilities both of you agree to fulfill:

<b>Student Responsibilities *</b>	<b>Mentor Responsibilities *</b>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

\*All written work must be appropriate for high school and be free of profanity, use of drugs, pornography and use of teacher/student names.

\*If the project involves organizing an event, the mentor must be at the event to supervise and evaluate. This is very important. If it is impossible for the mentor to be at the event, the student must find a Silverton High School staff member to fill in.

- I agree to mentor this student on the required Extended Application Project.
- I agree to meet with the student a **minimum of 2 times** in order to monitor the progress of the project. We both agree to fulfill the responsibilities as listed above.

**Mentor Signature:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Permission (required):**

I give permission for \_\_\_\_\_ to work with the mentor as listed above. Authorization is given for the administration of first-aid when necessary & Silver Falls School District employees or adults at mentor's site are authorized to secure the services of a physician or hospital in the event of accident or illness. Silver Falls School District and participating mentor/business/organization are released from any medical/hospital financial obligations that may occur as a result of my son/daughter's participation in the school activity listed above. I accept full responsibility & will provide payment for any and all medical costs incurred.

**Parent/guardian** \_\_\_\_\_ (please print)

**Day phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Parent/Guardian signature** \_\_\_\_\_

**Date** \_\_\_\_\_