



P.O. Box 934, Olney, MD 20830
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Project Change Teen Mentor Application
Summer Leadership Institute July 11-15, 2011

Part 1

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

School: _____ Grade (Fall 2011) _____ Gender (M/F) _____

Parent Email: _____ Parent Phone: _____

Best Phone Number to reach applicant (home phone/cell phone – circle one): _____

Part 2

Please type/write your answers to the following questions on a separate sheet of paper. Be sure to put your name at the top of the page.

- 1) What experience do you have working with middle school students?
- 2) What personal strengths/skills will you bring to the teen mentoring experience?
- 3) What skills would you like to develop as a teen mentor for the Summer Leadership Institute?
- 4) What are some personal accomplishments, volunteer/work experiences or school/community activities that demonstrate your level of commitment to a task or project, your skills, and/or your ability to take action or make a change?

I realize the commitment to be a teen mentor for the Summer Leadership Institute (SLI) involves attending evening planning meetings from April – July (dates to be announced) and participating in all 5 nights of the SLI in July. I understand I will earn Student Service Learning hours.

Signature of Applicant

Date

Parent/Guardian's Signature

Date

Return the application by **Friday, April 15, 2011**: (1) Email to rglass@projectchange-md.org
(2) Mail to the address on the letterhead