



# Anderson County School District 2

Respect the Past...Embrace the Future...Opening the World.

10990 Belton-Honea Path Hwy  
Office—864-369-7364

—Honea Path, SC 29654  
—Fax 864-369-4006

## Mentor Program Parent/Guardian Consent Form

I (print name), \_\_\_\_\_ give my consent for the Anderson School District 2 (ASD2) Mentor Program to place my child(ren), in an individual, small, or large group mentoring program led by selected and screened volunteers. I also give consent for my child(ren) to participate in all ASD2 Mentor Program activities; including all organized activities and transportation. In consideration of the advantages of participation in the ASD2 Mentor Program, the undersigned agrees that all employees of Anderson School District 2 and its students shall be released and exempt from liability for damages, for bodily injuries or property damages that may occur as a result of participation in the ASD2 Mentor Program.

Student names (please print):

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Mobile Number

\_\_\_\_\_  
Home Number

\_\_\_\_\_  
Email Address

Emergency Contact Information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

(Signature denotes that you have read and understand the above guidelines.)



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## MENTEE APPLICATION

(Please print legibly or type. Once completed and signed, the form may be downloaded, printed and returned to the District Office or School.)

Youth Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Nickname (if applicable) \_\_\_\_\_ Gender:  Male  Female

Current School \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Information: Mobile \_\_\_\_\_ Home \_\_\_\_\_

E-mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

Ethnicity:

White/Caucasian  Black/African American  Hispanic/Latino

Asian  American Indian/Alaskan Native

Other (please specify) \_\_\_\_\_

Gender:  Male  Female

What is the best way to contact you:  Mobile Phone  Home Phone  E-mail

Other members in the mentee/youth's household:

Name	Gender/Age	Relationship to Youth
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____



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**THE FOLLOWING SECTION SHOULD BE COMPLETED BY THE YOUTH/MENTEE.**

### About You:

How would your friends and relatives describe you?

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What are three words that best describe you?

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Why do you want a mentor?

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### ABOUT YOUR IDEAL MENTOR

What type of person would you want your mentor to be? Personality traits:

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Hobbies/Interest/Skills:

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Signature

Date

Return completed application to:

Anderson County School District 2—10990 Belton Honea Path Hwy—Honea Path, SC 29654  
—Attention Mentoring Program