

Oakland Technical High School
SENIOR MENTORSHIP PROGRAM APPLICATION

Student's Name: _____

Date: _____

Student's Phone# _____

Parent/Guardian: _____

Phone#: _____

1) Why are you applying for a Senior Mentor? _____

2) What subject(s) do you do well in? _____

3) In what subject do you need help? _____

4) What do you do for fun? _____

5) What do you do when you get home from school.? _____

6) How many hours of TV do you watch per day? _____

7) Do you have access to a computer? _____

8) Where do you study at home? _____

9) What is the best way that a Senior Mentor can help you? _____

I give my child permission to participate in the OT Senior Mentorship Program.

Parent Guardian Signature: _____

Date: _____

Assigned Senior Mentor: _____