



TEAM TUSKERS
Somers Middle School
250 Route 202
Somers, NY 10589
Tel: 914-481-2716
teamtuskersmentoring@gmail.com
www.somersschools.org/teamtuskers

JOIN OUR TEAM
TOGETHER WE CAN ENERGIZE AND
MOTIVATE SOMERS YOUTH.

SOMERS CENTRAL SCHOOLS MENTEE APPLICATION

Personal Information:

Mentee Name: _____
First Middle Last

Gender Male Date of Birth: _____ Grade: _____
 Female

Address: _____
Street City State ZIP

Home phone: _____ Mentee E-mail address: _____

Mentee cell phone number _____

Mother/Guardian's name: _____

Work phone: _____ Mother's Cell phone: _____

Mother's Email address: _____

Occupation: _____

Father/Guardian's name: _____

Work phone: _____ Father's Cell phone: _____

Father's E-Mail address: _____

Occupation: _____

Emergency contact(other than parent) _____ Relationship: _____

Emergency Contact's Phone: _____ Work/cell phone: _____

Name: _____ Birthdate: _____ Grade Level: _____
(to be filled out by the mentee, not the parent) **PLEASE USE INK TO FILL THIS OUT**

What is your favorite class? _____

What class is most challenging? _____

In which subjects do you do well? _____

What do you need extra help with in school? _____

What do you like most about school? _____

What do you like least about school? _____

When you don't do well in school, it's usually because... _____

If you could change anything about yourself, what would it be? _____

When you have leisure time, what do you like to do? _____

In what career are you most interested? _____

Do you take outside lessons or classes of any kind? _____

Do you have any pets? _____

What are your hobbies and interests? _____

What do you want to do after High School? _____

What would you like to learn more about or become better at with the help of a mentor? _____

Favorites:

What is your favorite:

Food: _____

Place: _____

Indoor Activity: _____

Color: _____

Book: _____

Movie: _____

Music Group: _____

Song: _____

Sport: _____

Who is your favorite:

Friend: _____

Relative: _____

Movie Star: _____

Hero/heroine: _____

Describe your best day ever: _____

What three words best describe you? _____

Match Information:

What days of the week are you available to participate? (check all that apply):

Monday Tuesday Wednesday Thursday Friday

Would you prefer a Male mentor? ____ Female mentor? ____ No preference ____

What is the best time for you to participate? (check all that apply):

3rd grade:

Before School (8-9am) Lunchtime (1:00 – 2:00) After school (3:15-4:15pm) M, T, W, TH, F

4th grade:

Before School (8-9am) Lunchtime (11:40 – 12:40) After school (3:15-4:15pm) M, T, W, TH, F

5th grade:

Before School (8-9am) Lunchtime (12:20-1:20) After School (3:15-4:15pm), M, T, W, TH, F

There are no late buses at the Intermediate school, so after school mentoring works only if the child is in the “Y” program or if their parents can pick them up.

6th grade:

Before School (7:30-8:25 am) Lunchtime (10:58-11:45am*) After School (3:00-4:00pm) T,W,TH

7th grade:

Before School (7:30-8:25 am) Lunchtime (12:38-1:25 pm*) After School (3:00-4:00pm) T,W,TH

8th grade:

Before School (7:30-8:25 am) Lunchtime (11:48- 12:46 pm*) After School (3:00-4:00pm) T,W,TH

- Lunchtimes change on Tuesdays

Please submit application to:

Somers Intermediate School students – to your teacher or to the office of Assistant Principal Elizabeth Turner.

Somers Middle School students – to your guidance counselor