



TRANSITIONS MENTORING GROUP APPLICATION QUESTIONS

1. What are your long and short term goals?
2. Tell about a time you were able to successfully deal with another person even when that individual may not have personally liked you (or vice versa). What did you learn from that situation?
3. In what ways do you feel you can benefit from a mentor?
4. What do you feel your strengths are?
5. What are your weaknesses/areas you could improve upon?
6. Who is your role model? Why?
7. How do you measure success?
8. What motivates you?
9. If you could do one thing differently in your life what would it be? Why?
10. List five words that describe your character.
11. Why should you be selected as a member of TMG?



Attach additional pages if necessary.
Transitions Mentoring Group
Application

Name _____ Birthday _____

Home Address _____ Home Phone _____

Email Address _____ Cell Phone _____

Mother's Name _____ Father's Name _____

Extra-curricular activities _____

_____ Magnet _____

Talents/Hobbies/Interests _____

Immediate goals after graduation _____

***TMG Parent Form
Permission of Participation***

I hereby grant permission for my child to attend meetings and participate in the Transitions Mentoring Group (TMG). I understand that TMG staff/personnel do not assume any liability for my child, and I hereby release them of such liability. I release them from responsibility and liability for any illness or injury that my child may sustain during any activity sponsored by TMG. In the event that an emergency should arise, I grant permission to those in charge to do whatever is deemed necessary to secure my child's safety and well being.

DATE

PARENT/GUARDIAN SIGNATURE

EMERGENCY PHONE NUMBERS: 1. _____ **2.** _____