

AUTISM YORK BUDDY PROJECT

Mentor Application

Name: _____

Address: _____

Phone: _____ Email Address: _____

School: _____ Grade: _____

My t-shirt size: X-Small Small Medium Large X-Large XX-Large XXX-Large

As a MENTOR participating in the BUDDY PROJECT, I am responsible for:

1. Attending a training/Q&A session (two hour) with the program facilitator.
2. Participating in an initial meeting at the BUDDY's home or other desired location to meet and get to know BUDDY and parents.
3. Participating in at least one activity per month with your BUDDY. (Activities can range from playing video games at home to going bowling to attending school functions together.)
4. Communicating with your BUDDY at least once a week using the phone, email, text, facebook, face to face, etc.
5. Communicating with the program facilitator at least once a month or more frequently if there are new concerns.

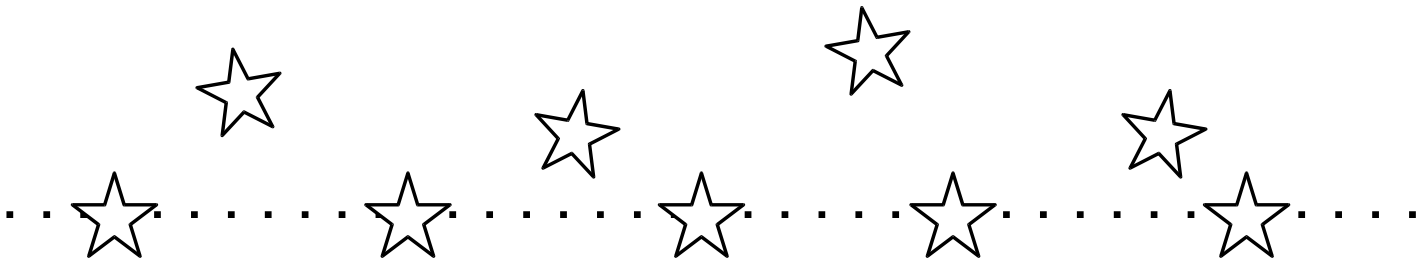
I understand these responsibilities and agree to participate as a MENTOR in THE BUDDY PROJECT.

Signature: _____ Date: _____

As a parent or guardian of this MENTOR, I agree to these responsibilities and will support the efforts of my child while participating in THE BUDDY PROJECT.

Signature: _____ Date: _____

On the reverse side of this form, tell us why you would like to participate in THE BUDDY PROJECT. Please submit to your school Guidance Counselor when complete.



Explain in a few sentences why you would like to participate in THE BUDDY PROJECT.

To be completed by Guidance Counselor:

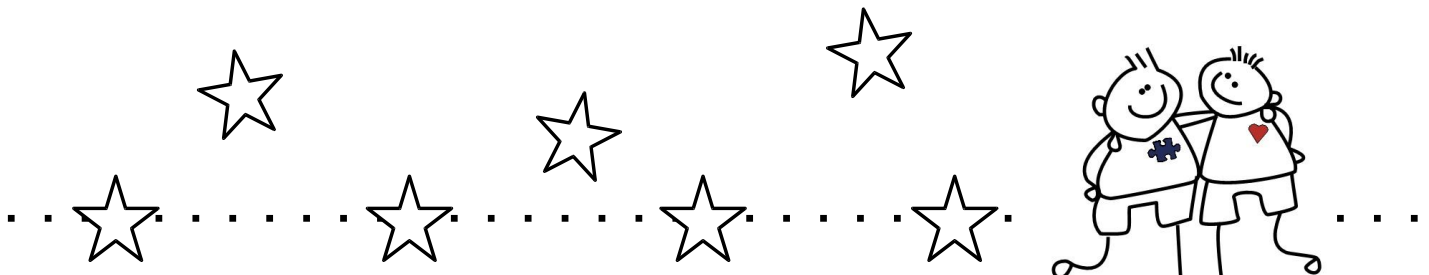
_____ I have received all necessary materials for application and would recommend this applicant for participation in the program.

_____ I DO NOT recommend this applicant for the following reasons:

Guidance Counselor's Signature: _____ Date: _____

Please submit to: Autism York, PO Box 7322, York, PA 17404 or breed@autismyork.org.





AUTISM YORK BUDDY PROJECT

Student Interest Survey

Please print as neatly as possible.

Name: _____ Birthday: _____

Adults who live with me

Name: _____

Name: _____

Brothers and sisters

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

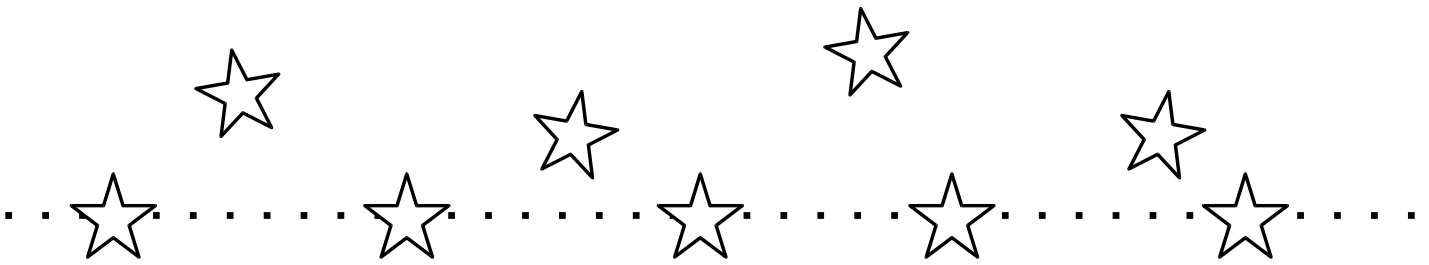
Name: _____ Age: _____

(If you have more than four, please list others on the back of this sheet.)

Special friends: _____

What I like to do most at home: _____

My favorite hobbies: _____



My favorite book(s) and magazine(s): _____

If I had one wish, it would be. . . _____

School would be better if. . . _____

If I had a million dollars, I would. . . _____

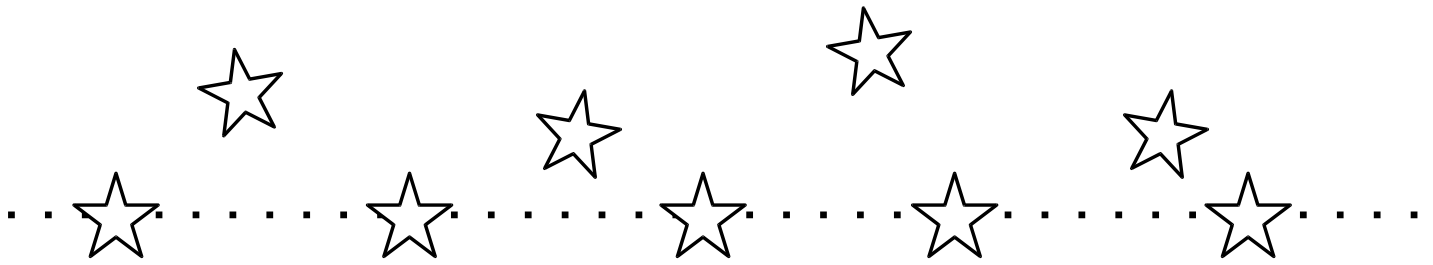
One thing that I am really good at is. . . _____

I do my best thinking when. . . _____

This is what one of my teachers did last year that I liked the most: _____

This is what one of my teachers did last year that I liked the least: _____





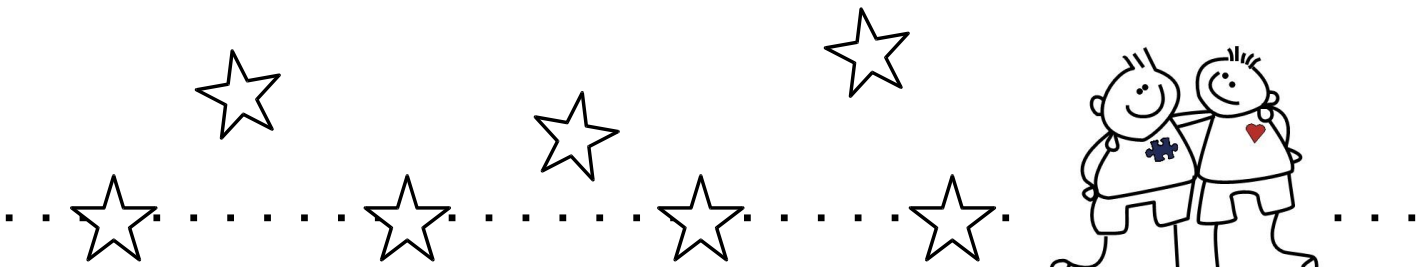
All-Time Favorites:

- ★ Candy: _____
- ★ Movie: _____
- ★ Song: _____
- ★ Musical Group: _____
- ★ Type of Pizza: _____
- ★ Color: _____
- ★ Car: _____
- ★ Professional Athletic Team: _____
- ★ Style of Clothing: _____
- ★ Vacation Place: _____
- ★ Board Game: _____
- ★ Radio Station: _____
- ★ TV Show: _____
- ★ Outdoor Activity: _____

After I graduate, I want to . . . _____

Something else that I want you to know about me is . . . _____





AUTISM YORK BUDDY PROJECT

Teacher Referral

A total of 2 Teacher Referrals are required.



Student's Name: _____

School: _____

Grade: _____

The above student has expressed an interest in becoming a mentor for THE BUDDY PROJECT. The student will be paired up with a peer who is on the autism spectrum. They will be required to participate in monthly activities with their buddy and communicate with them on a weekly basis. In the space provided, please share your impression of this student and if they would be an asset to this very important program.

Teacher's Name: _____

Subject: _____

Comments:

Signature: _____

Date: _____

Please submit to: Autism York, PO Box 7322, York, PA 17404 or breed@autismyork.org.

