

## BROWARD FUTURES MENTORING PROGRAM VERIFICATION FORM

Applicant Name (please print) \_\_\_\_\_

Applicant's Phone (c) \_\_\_\_\_ (h) \_\_\_\_\_ Email \_\_\_\_\_

Mentoring Advisor's Name \_\_\_\_\_

Name of Mentoring Program \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Type of Mentoring Program (Check all that apply):

- Individual/One-on One
- Organization
- Academic/Tutoring
- Intervention
- Other (please specify) \_\_\_\_\_

How was student referred to your program?

- Self-referral
- Parent
- School
- Juvenile Court
- Other (Please Specify) \_\_\_\_\_

When did student begin participating in mentoring program?

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

How often did student participate in mentoring sessions? \_\_\_\_\_

How long was student enrolled in mentoring program? \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Mentor Signature \_\_\_\_\_ Date \_\_\_\_\_