

JOB-a-PALOOZA PEER MENTOR REGISTRATION FORM

Name: _____ Age: _____ Birthdate: _____

School Attending: _____

Home Address: _____

City _____ State _____ Zip _____

Best Number to Reach You _____ Is this a cell phone? Y N

Have you ever been a peer mentor before? Y N

Do you have any experience working with individuals who have a disability? Y N

Please read the information and sign below. If under 18, a parent signature is also required.

I, the above named person, am between the ages of 14-21, or will be between the ages of 14-21 by September 1, 2018. I understand that I am required to attend all Job-a-Palooza related events in order to be a Peer Mentor and receive my \$100 stipend. This means I will be present for the Peer Mentor Orientation and the Mentor/Competitor Introduction immediately following, as well as the event. I understand my role as a peer mentor is to assist my assigned competitor with learning chosen tasks and training on those tasks until they show mastery and can compete against other competitors based on speed and/or accuracy. I promise to work hard at helping them succeed, yet also utilize a patient and understanding approach.

By signing below, I am giving permission to The Arc Big Bend and The Arc Florida to release my name and contact information to Vocational Rehabilitation as proof that I participated in this event.

Peer Mentor Printed Name

Peer Mentor Signature

I, the undersigned, am the legal parent/guardian of the minor named above. I give permission for my child to participate in the Job-a-Palooza event as a Peer Mentor. I understand that this event requires two separate meeting days and will require my child to train an individual with a disability during free time at school or after school.

Parent/Guardian Printed Name

Parent/Guardian Signature

Registrations are due August 27th!