

St. John Vianney High School

A+ Tutoring/Mentorship Requirement: Form A

Student Name: _____ Graduation year: _____
Last First

Dates of Service: _____

All tutoring/mentorship hours must be initialed by the approved supervisor.

Non-Profit Agency Name: _____

Agency Address: _____

Main contact/supervisor: _____

Please provide contact's phone number and email address

Description of anticipated duties:

Supervisor's signature: _____ Date _____

Parent's signature: _____ Date _____

I agree to complete the agreed upon service with the above indicated supervisor to meet the tutoring/mentorship requirement. I understand that it is my responsibility to maintain records of the dates, hours and activities of each session; as well as to obtain the initials of my service supervisor to confirm the completed tutoring/mentorship activities. I also agree to perform this service meeting the following conditions:

- Hours must be completed at a non-profit organization.
- Hours may not be completed at an individual's home or a private business.
- Approval of the A+ Coordinator must be granted before the tutoring/mentorship activities will be considered to meet the A+ requirement.
- Students may not miss class time to complete the tutoring/mentorship.
- It is the student's responsibility to turn in hours to the A+ Coordinator.
- All hours are due by April 15 of the student's senior year.

Student's signature: _____ Date _____

Turn this form in to Mr. Matreci in the Leadership Center to be filed with your application.

Office Use Only

Approved _____ Reason (if not approved) _____

Supervisor contacted _____

