



OSPREY Camp Mentorship Program: Required Signatures

Applicant Name: _____ Applicant School: _____

FACULTY RECOMMENDATION

It is vital we have Mentors who are quality role models for our 5th & 6th grade students. Each applicant is required to have a faculty recommendation from their high school. The signature of this faculty member indicates the following high school student possesses the necessary characteristics to set a positive example for our students.

Faculty Member's Name _____

Position _____

I recommend _____ for the *OSPREY Camp Mentorship Program*.

Signature of Faculty Member _____ Date _____

APPLICANT & PARENT/GUARDIAN SIGNATURE

I have thoroughly read the above information. I understand submitting my Mentor application does not guarantee I will be selected to attend Mentor Training Weekend and/or a week of OSPREY Camp. I understand attending Mentor Training Weekend is the next step in the application process only and does not guarantee I will be selected as a Mentor for a week of camp. I understand I may be placed on a **Wait List** and asked to attend Mentor Training Weekend and/or a week of OSPREY Camp with minimal notice, and I will plan accordingly. I understand I have a responsibility to follow through on *all communication* (email, text, phone) with OSPREY Camp Staff during the application process. I understand I must successfully complete the *OSPREY Camp Mentorship Program* in order to earn 105 community service hours or *0.5 CTE Credit (*Kent School District students only). **I understand the OSPREY Camp Director will have the final say in the selection of Mentors and the final say on completion of the OSPREY Camp Mentorship Program.**

Signature of Applicant

Date

Parent/Guardian: I have read thoroughly read the above information and I understand the responsibilities of applicants. My child has my permission to apply to the *OSPREY Camp Mentorship Program* to be a Mentor to 5th/6th grade students for a week of Outdoor School.

Signature of Parent/Guardian

Date