

LEAH Mentor position Overview

LEAH (Leaders in Education, Action and Hope) is a mentorship program that trains and places high school students at elementary out-of-school time programs to work as mentors and to *lead hands-on science activities*.

The program began in honor of Leah Deni, a former Out-of-School-time program director at Urban Ecology Institute who was passionately devoted to youth development. Leah passed away at the age of 25 in 2004.

Who Can Be A LEAH Mentor?

- ❖ Any Boston Public High School student. Preference will be given to 10th and 11th graders.

What Do LEAH Mentors Do?

- ❖ Learn about *science*, leadership, and how to teach younger kids
- ❖ Support after school programs while serving as role models for elementary students
- ❖ Meet high school students from across Boston and gain a professional network for youth-related and science-related career fields
- ❖ Receive intensive training on classroom behavioral management, activity preparation, professionalism, and *science* topics relevant to the LEAH curriculum

What Are The Requirements?

- ❖ Attend at least 2 meetings per month (on Fridays)
- ❖ Participate in 2 months of training (Mondays & Wednesdays 3:30pm-5:30pm) in the fall
- ❖ Work two afternoons a week at an afterschool program from December – June
- ❖ Participate in community events, volunteer service, and city-wide leadership
- ❖ Commit to at least **one full school-year** with no conflicting schedules (sports, clubs, school, or other jobs cannot interfere with this schedule). Mentors are consistent.



Are LEAH Mentors Paid?

- ❖ LEAH mentors are paid a small stipend. Mentors starting stipend is equivalent to \$9 an hour, and is subject to increase based on training and/or performance. A multi-year commitment is preferred, and there is an increase for each year of participation. Taxes are withheld.

Other Benefits:

- ❖ Option to apply for a position in LEAH's summer internships
- ❖ College and career access workshops and resources
- ❖ Experience giving back to community through extra fun volunteer activities
- ❖ Potential overnight retreats and overnight service trip
- ❖ Access to youth/education/science network in Boston for post-secondary job search
- ❖ Be part of a group that wants to change education in Boston!

Leaders in Education, Action and Hope (LEAH)
Application
2010-2011

Application Directions

To be considered as a LEAH mentor please submit the following:

- ___1. **Application Form (Questions 1-21)**
Please type on the computer or use black or blue ink and make sure your answers are legible. Feel free to attach additional pages if needed. Sign all signature pages. Keep a copy of the application for yourself so you know what you wrote.
- ___2. **Personal Statements/Student Essays (attachments A-1, A-2)**
- ___3. **Teacher Recommendation Form (attachments B-1 & B-2)**
Include a letter of reference either from the teacher who suggested you apply for this position, or from a teacher who knows you well.
- ___4. **Parent/Guardian Agreement Form (attachment C-1)**

Application materials can be submitted separate from teacher recommendation. All application materials must be completed and submitted to be considered for the position, by the final deadline Friday,

SEPTEMBER 17, 2010.

Please return to:
The LEAH Project
BPS – DELTAS
443 Warren St. Suite 5
Dorchester, MA 02121
Fax: 617-635-6610

Should you have any questions regarding your application you may contact Jesse, Rachel, or the LEAH mentors at:
Phone (617) 635-1578 e-mail: leahcoordinator@gmail.com

STUDENT APPLICATION

*** Before you start...**

* Do you play any sports? Yes No

* Does your school dismiss after 3:00pm? Yes No

* Do you work another job or program? Yes No

*** If you answered yes to any of these, call Jesse to discuss at 617-635-1578 before applying**

Date of Application _____

STUDENT INFORMATION:

1. Student Name:

(First) (Middle) (Last)

2. Date of Birth:

(Month) (Day) (Year)

3. Place of Birth:

(State) (Country)

4. Gender: ___Female ___Male

5. Home Telephone #: (____) _____ Other #: (____) _____

Cell: (____) _____ Please specify other (parent cell, aunt, etc): _____

6. Address:

(Street) (Apt.) (City) (State) (Zip)

7. Email Address (*email you check more than once per week*):

8. Which form of communication do you prefer (circle one):

- Text (circle: home/cell/other?) - Phone (circle: home/cell/other?) - Email

9. Please list languages spoken at home or school _____

EDUCATION:

10. Current School: _____ Date Entered: _____

11. School ID # : _____

12. Current Classification (check one): *Please note:* Preference is given to students in grades 10 and 11, however students in other grades who are genuinely interested should definitely apply.

___ 9th Grade ___ 10th Grade ___ 11th Grade ___ 12th Grade

13. Guidance Counselor Name: _____

Telephone #: (_____) _____

Other counselors, teachers or supportive adults:

Name: _____ Telephone #: (_____) _____

Name: _____ Telephone #: (_____) _____

Name: _____ Telephone #: (_____) _____

14. How did you learn about LEAH?

15. List your extra-curricular activities in which you are presently involved or have participated during the past 2 years (including faith-based, volunteer, arts, music, sports, programs, etc):

<u>Activity:</u>	<u>Description:</u>	<u>Time:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. List any jobs you have held in the past two (2) years or attach a recent resume:

<u>Job Title</u>	<u>Employer</u>	<u>Dates</u> <u>(Hours/week)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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FAMILY INFORMATION:

17. Mother/Guardian:

a. Mother/Guardian Name:				
_____	_____	_____	_____	_____
(First)	(Middle)	(Last)		
b. Telephone#: Home: (_____)_____ Work:(_____)_____				
c. Address:				
_____	_____	_____	_____	_____
(Street)	(Apt.)	(City)	(State)	(Zip)
d. Mailing Address, if different from above:				
Address:				
_____	_____	_____	_____	_____
(Street)	(Apt.)	(City)	(State)	(Zip)
e. Email Address:				

18. Father/Guardian:

a. Father/Guardian Name:				
_____	_____	_____	_____	_____
(First)	(Middle)	(Last)		
b. Telephone#: Home: (_____)_____ Work:(_____)_____				
c. Address:				
_____	_____	_____	_____	_____
(Street)	(Apt.)	(City)	(State)	(Zip)
d. Mailing Address, if different from above:				
Address:				
_____	_____	_____	_____	_____
(Street)	(Apt.)	(City)	(State)	(Zip)
e. Email Address:				

19. In the space below, please tell us what makes you most unique amongst other people your age, and what you think you will bring to the LEAH Program:

<hr/> <hr/> <hr/> <hr/> <hr/>

20. Please complete attachments A-1 (Personal Statements/Student Essays)

21. Please complete attachments B1/B2 (Teacher Recommendation) and return with your completed application.

***** I understand that to be accepted into the LEAH Program I must be able to work Mondays, Wednesdays and every other Friday from 3:30pm-5:30pm (for the entire school year – without prior obligations to sports, clubs, etc. during those times) Yes No**

Signature:	
To my knowledge, the information provided in this completed application is accurate.	
<hr/>	<hr/>
Student Signature	Date
<hr/>	<hr/>
Parent Signature	Date

The LEAH (Leaders in Education, Action & Hope) Project of the Boston Public Schools considers applicants for all positions without regard to race, color, religion, creed, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. The LEAH Project must take into consideration the gender of the applicant, as gender balance is needed to serve all mentees.

Thank you for your interest in LEAH!
Many people ask about our **interview process:**

1. **In September, you will receive a phone call telling you that LEAH would like to meet you at a specific date, time, and location for the interview.**
2. **The first interview will be in a group. There will also be a short one-on-one interview on the same day, or a follow-up one-on-one interview.**
3. **Within a week of the interview, you will receive a call about your acceptance status.**

Personal Statement #1

Please choose one of the two topics below and write your best answer (between 250 and 400 words.) Please print neatly in the space provided, type, and/or attach a separate sheet.

TOPICS:

1. If accepted to the LEAH project, how will you use the opportunity to help achieve your future career goals?

2. men·tor (*n*). a: a trusted councilor or guide
b: tutor, coach; a more experienced person

What does the word ‘mentor’ mean to you? How do you see yourself fulfilling the role of mentor at an afterschool program with younger students?

Print Name

School

Student Signature

Date

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Personal Statement #2

Please choose one of the two scenarios below and respond (between 250 and 400 words.)

Please print neatly in the space provided, type, and/or attach a separate sheet.

Classroom Scenario:

Working at an after school program and seeking to be a role model for children often presents challenging situations. Please choose **ONE** of the following scenarios to write about how you would respond to the situation:

- 1) You're teaching a weekly lesson on reading and science, and while explaining the activity some 1st graders are talking to each other and others are complaining. When you're ready to get started, they do not want to participate. What do you do?
- 2) Adult staff frequently remain uninvolved when you're teaching lessons, other than once in awhile yelling at the children to pay attention. As a trend, staff seem to threaten punishments a lot, and that seems to be the only thing that works to help students behave. What do you do?

TEACHER RECOMMENDATION FORM – Page 1/2

Student Name: _____ Date: _____

Brief Description of LEAH Program: The Leaders through Education, Action and Hope (LEAH) mentorship program seeks cultivate the educators and community innovators of the future by training high school students to act as science educators and mentors to younger students at out-of-school time programs. LEAH mentors are paid, and work two afternoons a week at school sites across the city.

Your genuine feedback regarding this student's ability to participate in an empowering and challenging program is appreciated. Please respond to all of the questions to the best of your knowledge, and return this form in a sealed envelope to the student in order for them to submit a completed application.

Quality	Excellent	Good	Average	Needs Strengthening	N/A
Creativity					
Self-Confidence					
Independence					
Ability to Grasp New Concepts					
Commitment to Academic Achievement					
Problem-Solving Ability					
Willingness to Work Hard/Initiative					
Personal Integrity & Honesty					
Interest in Teaching					
Interest in Science					
Interest in Community Development					
Leadership					
Time Management					
Commitment and follow-through					

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TEACHER RECOMMENDATION FORM – Page 2/2

Please print or type a paragraph or two describing how _____ will
benefit from the LEAH project. (Student's name)

Recommender's Name: _____

Recommender's Signature _____

Recommender's Relationship to Applicant:

Name of School/Organization: _____

Telephone: _____

Email: _____

Thank you!

Attachment C-1

Family Engagement Agreement Form

Parents, Guardians, Families: Please complete this insert and *return it with your young person's completed application* for the LEAH mentorship program.

Name of Applicant _____

Parents/Guardians/Families of accepted students are **required to attend a Family Orientation** session. The dates for this year's sessions are October 13 or 14, 6:30-8 pm. The location will be 443 Warren St. in the basement of Boston Latin Academy. You only need to attend **ONE** session.

| Dinner and child care will be provided!

The event is to introduce you (family members) to the LEAH Project and its staff, and introduce aspects of this year of work with LEAH for your young person. Families will discuss responsibilities in supporting a LEAH Mentor at home, and LEAH Mentors and new mentors will discuss the commitment and culture of the job. It is a great chance for you to see what your child will be involved with in the coming year, and ways that you can be involved as well!

I/we will attend the family orientation on (check ONE):

Wednesday, Oct. 13, 6:30-8 pm

Thursday, October 14, 6:30-8 pm

Please answer these questions:

1. How do you see yourself supporting your young person in their role as a LEAH mentor?

2. Would you be interested in attending or helping with occasional events for the LEAH program? Yes / No Any special ways you would like to be involved?

Statement of agreement:

I/we understand that the LEAH program is a full one-school-year commitment for my child and I agree to support him/her in whatever ways possible to encourage him/her to stay in the program for the full school year and grow and develop assets and skills for his/her future.

Parent/Guardian Signature

Date

Formulario de Acuerdo de Compromiso para la familia

Padres, Tutores, Familias: Por favor complete este folleto y enviarlo junto con su solicitud llena con sus jóvenes para el programa de tutoría LEAH.

Nombre del solicitante _____

Los padres/tutores/familias de los estudiantes aceptados deben asistir a una sesión de orientación familiar. Las fechas para las sesiones de este año son el 13 o 14 de Octubre, de 6:30 a 8 p.m. La ubicación será 443 Warren st, en el sótano de de Boston Latin Academy. Solo tiene que asistir una sesión.

Abra cena y cuidado de niños!

El evento es para presentarle el proyecto LEAH y su personal, e introducir los cambios de este año que incluyan los mentores y sus familias. Las familias van a discutir responsabilidades en el apoyo a su mentor en la casa, y otros nuevos mentores discutirán el compromiso y cultura del trabajo. Es una gran oportunidad para que usted vea lo que su hijo o hija estará implicando este año que viene, y maneras en que usted pueda participar también!

Yo/nosotros asistiré/asistiremos la orientación familiar en (marque una opción):

Miércoles, Octubre 13, 6:30-8 pm **Jueves, Octubre 14, 6:30-8 pm**

Por favor, conteste estas preguntas:

1. ¿Como te ves apoyando a su joven en su papel de LEAH mentor?

2. ¿Estaría usted interesado/interesada en asistir o ayudar con diversas propuestas para el programa LEAH? Si/No ¿Cualquier forma especial que le gustaría participar?

Declaración de acuerdo:

Yo/nosotros entendemos que el programa LEAH es un compromiso total de un año escolar para mi hijo o hija y estoy acuerdo, para apoyarlo/apoyarla en todas formas posible para animarlo a quedarse en el programa para el año escolar completo y crecer y desarrollar habilidades para su futuro.

Padre/ tutor

Fecha