



# The Autism Program at Boston Medical Center is seeking **MENTORS** and **MENTEES** for an innovative program **Teens Engaged as Mentors (TEAM)**

The BMC Autism Program's teen mentoring initiative, TEAM, empowers diverse children and adolescents using a unique mentorship model to facilitate strong leadership, self-confidence, and social skills development. Adolescents with and without ASD work together to mentor younger children on the autism spectrum. The program runs throughout the course of the academic year with required trainings for all mentors and supervised monthly recreational events and community service opportunities.



## Past TEAM events have included:

- Attending a Red Sox game
- Arcade games, bowling & pizza at Boston Bowl
- Trail cleanup at the Boston Nature Center
- Donation projects for Boston Senior Home Care, BMC Child Protection Team, and the MSPCA
- Visiting the Museum of Science & MIT Museum
- Jumping at Sky Zone Everett trampoline park
- Rock climbing & basketball at BU FitRec Center

**PLEASE WRITE NEATLY OR TYPE.**

**APPLICATION DEADLINE: August 1, 2018**

Email completed forms to [autismprogram@bmc.org](mailto:autismprogram@bmc.org) OR mail to:

The Autism Program at Boston Medical Center  
72 East Concord Street, Vose 412  
Boston, MA 02118

## Program Guidelines

- TEAM events are once per month on weekends during daytime hours. Participation at all events is required, and participants should always plan to arrive and leave on time.
- Clear communication is very important for event planning. Participants/parents should make every effort to respond to TEAM communications in a timely manner. These might include RSVPs to events, sharing important information about participants, or completing forms that are needed prior to events.
- Parents do not participate in TEAM events (unless otherwise specified) but are responsible for getting their child to and from each event.
- Events are free of cost to participants (not including cost of travel) and accessible by public transportation.
- A parent night will be held in the fall before the program begins. Parent attendance is mandatory for participation in the program.
- There will be a fall and spring training that is mandatory for all mentors accepted into the program.

I acknowledge that I have read and agree to these guidelines and give my consent for participation in TEAM.

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Participant Signature

Date

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Parent Signature

Date

What role are you applying for?

- Mentor:** High school or post-secondary students with and without autism spectrum disorder (Ages 14-21)
- Mentee:** Elementary/middle school students with autism spectrum disorder (Ages 9-13)
- Not sure:** These age ranges are meant to provide a guideline for participant groups – depending on skills and goals for the program, participants may fit better in the group that doesn't match their age.

**PLEASE NOTE: Participants should not require 1:1 staffing or engage in aggressive or self-injurious behavior.**

How did you hear about TEAM?

- Autism Program staff: \_\_\_\_\_
- Social media/Website/Online research
- Listserv email
- Resource fair/In-person recruiting
- Referred by: \_\_\_\_\_

Role/Relationship: \_\_\_\_\_



# TEAM (Teens Engaged as Mentors) Application 2018-2019

## Participant Information

Name: \_\_\_\_\_  
*Last First M.I.*

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact:  Phone call  Text message  Email  Contact parent

## Parent/Guardian Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact:  Phone call  Text message  Email

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## School Information

School Name: \_\_\_\_\_ Grade in school (2017-2018): \_\_\_\_\_

Best school contact (teacher, guidance counselor, other staff): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Consent to contact school for  
consultation/data collection: \_\_\_\_\_

*Signature (Parent or Applicant if over 18)*

*Date*

Applicant Name: \_\_\_\_\_







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## Reference

*Please provide a reference from a non-family member:*

Name: \_\_\_\_\_ Title/Role: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

In what capacity do you know the applicant?

How long have you known the applicant?

Please tell us more about this applicant from your experience (highlighting the attributes that would make this applicant a good TEAM participant):

Applicant Name: \_\_\_\_\_