



Community Organization for Parents And Youth, Inc.

BILINGUAL INCLUSIVE CONTEMPORARY TRANSFORMATIONAL

21 North Station Plaza, Great Neck, NY 11021 • P: 516-466-2509 • Fax: 516-482-3146

Peer Counselor, Mentor, Tutor Application

You must attach a copy of your most recent report card or transcript to this application.

Date: \_\_\_\_\_

Contact Information:

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

\_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_

Cell number: \_\_\_\_\_ Home Number: \_\_\_\_\_

\_\_\_\_\_

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

Parents Information:

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/town: \_\_\_\_\_ Zip code: \_\_\_\_\_ City/town: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

Cell  Work  Home  Cell  Work  Home

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

Referral Source: \_\_\_\_\_

Emergency Contact Information in the event parents cannot be reached (please provide at least 2):

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

If you are under 18 years old, please provide your pediatrician's contact information:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_

Fax#: \_\_\_\_\_

Are you applying for this position due to a school or university internship?  Yes  No

If you answered yes, please provide the following information:

Name of Supervisor/Faculty/Counselor: \_\_\_\_\_ Contact#: \_\_\_\_\_

\_\_\_\_\_

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

**SUBJECT(S) OR AREA(S) YOU ARE GOOD AT:**

(Be specific: include English skills and foreign languages)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

**EXPERIENCE IN THAT AREA:**

(High School/College students - grades obtained)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have artistic/musical/science/writing/athletic/other special talents? If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your interests/hobbies that you could share?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever worked with children, teens, young adults before? If yes, please elaborate.

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What qualities do you have that would help you in working with others?

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What limitation do you have that could make working with others challenging? (Please be candid. Remember, COPAY staff is here to support and assist you so that you have the best experience possible).

What were your past and/or present occupations? Please describe:

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Please check off the times you can volunteer on the day(s) you would like to come in (Please be aware that available days may differ depending on the program's necessity and will be discussed):

- Monday:     4:00pm-7:00pm     other times (please specify) \_\_\_\_\_
- Tuesday:     4:00pm-7:00pm     other times (please specify) \_\_\_\_\_
- Wednesday:     4:00pm-7:00pm     other times (please specify) \_\_\_\_\_
- Thursday:     4:00pm-7:00pm     other times (please specify) \_\_\_\_\_
- Friday:     4:00pm-6:00pm     other times (please specify) \_\_\_\_\_

Current GPA: \_\_\_\_\_ School/University you attend:

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High School students only: Who is your Guidance Counselor:

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### References:

1. Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

### **Rules and Responsibilities**

- **Log in 5 minutes early.** This will give COPAY staff time to create the breakout rooms for the day.
- **Do not leave early.** This is disruptive and disappoints the younger children. If you must leave early, let a COPAY staff member know at least one day ahead of time.
- **Always sign in and out.** This assure you will get credit for those participating hours.
- **If you are going to be absent please let us know at least 24 hours before. WE RELY ON YOU TO BE CONSISTENT AND COMMITTED TO THE PROGRAM.** We need to know so we can plan.
- **Log in from a quiet and distraction-free location.** Your presence is important to the younger children.
- **Always be a good role model.**
- **Never record and never take photos of virtual meetings. This is strictly prohibited as it violates confidentiality.**
- **Do not use you cell phones during participating hours.** If you have an emergency let a staff member know.
- **Do not text during meetings.**
- **Dress appropriately. You are a role model. Help other to dress for success.**
- **Do not buy gifts and do not accept gifts from those you mentor.**
- **Do not have friends or family present during the meetings. COPAY is a professional, licensed, agency and this would violate confidentiality.**

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Parent/Guardian (*if child is under 18*)

\_\_\_\_\_  
Print name of Parent/Guardian

\_\_\_\_\_  
Date



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**Please check all that apply:**

**PICTURE / FILM RELEASE PERMISSION:** I hereby grant permission for publication, in any lawful manner, of pictures / film taken of my child at **COPAY Inc.**

**WRITTEN RELEASE PERMISSION:** I hereby grant permission for publication, in any lawful manner, of all written materials of or by my child at **COPAY Inc.**

**TRAVEL PERMISSION:** I hereby grant permission for my child to travel under the supervision of **COPAY Inc.** staff to and from various activities. (Including but not limited to bus, train, walking)

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

Signature: \_\_\_\_\_

Print name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ *(if child is under 18)*

Date: \_\_\_\_\_



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**PERMISSION TO PARTICIPATE IN TRAINING and DISCUSSION GROUPS**

COPAY requires that ALL Peer Counselors/Mentors/Tutors participate in regular training and discussion groups.

The groups provide feedback, assistance for improving skills, and on-going training.

Groups also include contemporary topics that are age appropriate.

The focus is skills building, promoting academic achievement, living healthy lifestyles, saying no to substances, making good choices, and nurturing positive and healthy relationships, etc.

Group training and discussions are led by a Social Worker and graduate students who are excellent role models for the Peer Counselors and who assist them in developing leadership skills.

**Please sign below.**

Your Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ (if under 18)

Parent/Guardian Signature: \_\_\_\_\_ (*if under 18*)

Date: \_\_\_\_\_

**COPAY maintains statistics on populations served. This information is used for statistical data only and to assist our agency in identifying and obtaining funding streams that assist us to maintain and expand our services. Thank you.**

Today's Date: \_\_\_\_\_

• **Attends:**                     Elementary School     Middle School     High School     College/University

• **Gender:** \_\_\_\_\_

• **Race:**

- Black
- Caucasian
- Native American
- Asian (Country/Countries of origin \_\_\_\_\_)
- Other ( \_\_\_\_\_ )

**4. Ethnicity:**

- African American
  - Haitian
- Latinx (Country/countries of origin: \_\_\_\_\_)
- Middle Eastern (Country/countries of origin: \_\_\_\_\_)
- Other, please specify, \_\_\_\_\_

<i>Please check off Yes or No</i>	YES	NO
Has or is either parent incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>
Has child ever been in Juvenile System?	<input type="checkbox"/>	<input type="checkbox"/>
Is/has child been in foster care?	<input type="checkbox"/>	<input type="checkbox"/>
Is child a runaway or homeless?	<input type="checkbox"/>	<input type="checkbox"/>

**Have you ever been arrested or convicted of a crime?**  Yes     No  
**If yes, please describe circumstances and outcome:**

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**NOTE:** Please be aware that COPAY provides services for people who have had involvement with the law. These services assist young people to move forward and to have successful lives. Please ask to speak with one of our agency professionals who can guide you.



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### Contact Information

Please fill out the information below to keep in touch with COPAY and receive updates about the program.

Today's Date: \_\_\_\_\_

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

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip Code:

\_\_\_\_\_

Email Address: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

College/University you will be attending, if known: \_\_\_\_\_

Major: \_\_\_\_\_





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Dear Parents,

COPAY is running a virtual program on ZOOM. COPAY will follows the Great Neck Elementary School District calendar. If you require updates on the school schedule, visit the school’s website at http://www.greatneck.k12.ny.us/.

Also, it is important for parents and legal guardians to provide COPAY staff updated contact information in case of an emergency. Your cooperation in helping us to ensure the safety of your children and youth are greatly appreciated.

By signing this form, I am attesting that I have been informed and understand the policies and procedures pertaining to COPAY Children’s program closures for the current academic year.

COPAY requires that young children be supervised by an adult at least 18 years of age or older during their participation in our Cyber Programs.

Thank you,  
COPAY Inc.

Name of child/youth: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian Name (Please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ (if under 18)

Date: \_\_\_\_\_

Telephone Number of parents: Mother \_\_\_\_\_

Father \_\_\_\_\_

Other family member/friend who can be contacted \_\_\_\_\_