



MI ANIMO PREVENTION PROGRAM

SLVCCMHC

8745 County Road 9 South, Alamosa, CO 81101 719-589-3671

STUDENT NOMINATION FORM

Name: _____
(First) (Middle) (Last)

Parents Name: _____
(First) (Middle) (Last)

Address: _____
(Street or P.O. Box) (City) (State) (Zip)

Telephone: _____ Date of Birth _____ Age: _____ Gender _____

School: _____ Program: _____ Grade: _____

Special Interests, Specific Needs/Issues: _____

Type of Mentor Regular (3-5 hrs/month) Intensive (6-12 hrs/month)
Is the nominee willing to participate? Yes No
Primary Language? English Spanish
Any Disabilities? Yes No Explain _____

Useful information about the family _____

Have the parents been notified? Yes No
Are the parents supportive of the program Yes No
Is the student willing to participate? Yes No
Has funding been secured? (If requesting intensive mentor) Yes No

Person making nomination Date of nomination

Address Telephone

FOR PROGRAM USE ONLY

Date Received: _____ Date Assigned: _____
Assigned to/Contact Person _____