



Dear Counselor:

I am writing to introduce you to *The Second Mile Friend Fitness Program*. Friend Fitness is a program designed specifically for adolescents who could benefit from additional one-on-one support. While the enclosed letter to interested students and their guardians captures some essential elements of this Program, this brief introductory letter provides some additional information necessary for referring counselors.

First, we are interested in working as part of a collaborative community agency/school team on behalf of students in order to maximize the effectiveness of both interventions. Therefore, we are asking you to refer students with whom you have some regular contact *or* with whom you would make regular contact to allow Friend Fitness volunteers to have an in-school contact through which to monitor the student's situation/progress.

Second, while we are not looking to produce the next "Charles or Charlotte Atlas," students referred should be made aware that the context of the meetings is a workout facility, in this case at Conestoga High School, and that, while they will be working at their own levels with no competition with others, a commitment to regularly attend workouts is a key ingredient to success. Currently, the mentors are working out with students on Thursdays at 5:15-7:00pm and Sundays at 10:30am-Noon.

Finally, this is a program with a specific number of slots available at any given time. Therefore, we are extending this invitation to a few professionals and ask that you be selective in referring a limited number of adolescents, male and/or female, to the program. If you have any questions about this program or the enclosed materials, please do not hesitate to call me at (610) 249-9631 or email me at FriendFitness@verizon.net. We look forward to working together on behalf of youth.

Sincerely,

Mark Mintzer
Friend Fitness Coordinator

To be completed by counselor:

Student Name _____
Age _____ Sex _____ Current Grade _____



Application

Student Name: _____
Address: _____
County: _____
School District: _____ School: _____
Phone Number: (_____) _____ Birth Date: _____

COUNSELOR INFORMATION

Your Name & Title: _____
Referring Agency: _____
Address: _____
Email Address: _____
Phone Number: Work (_____) _____ Home (_____) _____
What is your relationship to the applicant? _____
What services are you providing to the applicant at this time? _____

APPLICANT BACKGROUND INFORMATION

Please circle the family situation in which the applicant is currently living:

Single Parent Natural Parents Step/Natural Parents
Foster Family Relatives Other _____

Who resides in the household with the applicant? (Parent, siblings [with ages], grandparents, etc.) _____

