



Dear Counselor:

I am writing to introduce you to *The Second Mile Friend Fitness Program*. Friend Fitness is a program designed specifically for adolescents between the ages of 12 and 17 years old 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 *Lock Haven YMCA*, 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. Mentors will work with students twice a week on Tuesdays and Thursdays from 5:30 to 6:30pm.

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 (570) 893-7036. I look forward to working together on behalf of youth.

Sincerely,

Erin Rutt  
Clinton County Program 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.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please circle any of the "presenting problems" exhibited by the applicant:

Social	Emotional	Behavioral
Academic	Economic	Familial
Other _____ (e.g., low self-esteem, aggression, shyness)		None

How would you characterize the student's social development? Problem areas?

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How would you characterize the student's school performance? Problem areas?

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Is the child now receiving any special education services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what type? \_\_\_\_\_

Does the child participate in the subsidized school lunch program? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant have any physical or health problems which would limit participation in a strength training program?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

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Does the applicant have any special problems of which his/her Friend Fitness mentor should be aware? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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Please use this space to suggest two or three specific goals which you would like to see this student address and that his/her Friend Fitness mentor might discuss, reinforce and monitor.

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**Please Return Completed Forms to: The Second Mile Friend Fitness**

**Attn: Erin Rutt**

**PO Box 787**

**Lock Haven, PA 17745**