

For Office Use Only:

___ 2018-19

___ 2019-20

___ 2020-21

___ 2021-22



Mentor Application

Personal Information:

Name: _____ Gender: Male Female

First Middle Last

Address: _____

Street City State ZIP

Home Phone: _____ Office Phone: _____ Cell Phone: _____

Currently are you: Attending College Retired Working (Circle all that apply)

Name/address of Employer: _____

Occupation: _____ Email: _____

Degrees or Certifications: _____ Age: _____

Previous work experience: _____

Do you speak a foreign language? _____ If yes, please specify: _____

What was your favorite subject in school: _____ least favorite: _____

Organizations you are currently involved with: _____

Please indicate the activities you enjoy the most: **(Check all that apply)**

Play sports: _____ Watching sports: _____ Writing: _____ Reading: _____ Gardening: _____

Listening to music: _____ Photography: _____ Theatrical Performance: _____ Movies: _____ Outdoors: _____

Social Media: Facebook Name: _____ Twitter Name: _____

Volunteer Information:

1. Indicate your grade/age/school preference you would like to work with: **(Check One)**

___ Elementary (6-10 yrs) - Chandler Elementary – Crain Elementary – Hopkins Elementary

___ Middle School 11-13 yrs) Howell M.S. – Patti Welder M.S. – Stroman M.S.

2. What times work best for you? **(Check One)**

___ Morning (8:30 – 10:30)

___ Lunch Hour (11:00 am – 12:30 pm)

___ Afternoon (1:00 pm – 3:00 pm)

3. Will you be able to commit once a week for 9 months for an average of 40-50 minutes? YES NO

4. Do you prefer working with a: BOY GIRL NO PREFERENCE **(Circle one)**

5. What day of the week are you available to mentor? **(Circle all that apply)**

Monday

Tuesday

Wednesday

Thursday

Friday