

Give 30 Mentor Form

Information

Name: _____

Street Address: _____ City: _____

E-mail Address: _____ Phone Number: _____

Are you above the age of 21? _____

Availability

Check all boxes that apply:

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| A.M. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| P.M. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you prefer any specific district? (this does not ensure you will be placed in that district)

Education

Please check your highest level of education : Masters Bachelors Associates High School

Job Experience

Current Employer: _____ Position Title: _____

Job Duties: _____

Date of Hire: _____

Community Experience

Are you involved in any organizations, clubs or volunteer positions in the community? If yes, please elaborate:

What would make you a good mentor?

Have you ever been convicted of a felony? If yes, please explain: _____

Applicant Signature _____ Date _____

Internal Use:

Fingerprints Cleared? _____