TRUANCY INTERVENTION PROGRAM

MENTOR APPLICATION

Name _____ _____ _____ Gender ☐ Male
First Middle Last ☐ Female

Address _____ _____ _____ _____
Street City State ZIP

Home phone _____ Cell phone _____

EMAIL ADDRESS _____

DO YOU HAVE PERSONAL TRANSPORTATION? ☐ YES ☐ NO

MAJOR/YEAR _____
MINOR _____
ANTICIPATED GRADUATION DATE _____

AVAILABILITY:
☐ FALL (SEPT-DEC)
☐ INTERIM (DEC-JAN)
☐ SPRING (FEB-MAY)
☐ SUMMER (JUNE-AUG)

DAY OR DAYS AVAILABLE: TIME:
☐ MONDAY _____
☐ TUESDAY _____
☐ WEDNESDAY _____
☐ THURSDAY _____
☐ FRIDAY _____

Indicate your grade preference: ☐ Elementary (K-5)
☐ Middle School (6-8)
☐ High School (9-12)

What do you feel are the strengths (bilingual, math skills, previous life or volunteer experience) you can bring to this program?

Write a brief statement on why you have chosen to participate in the mentor program.

TWO REFERENCES:
(not family members and must have known for at least one year)

NAME _____ DAY PHONE _____

NAME _____ DAY PHONE _____

Signature _____ Date _____