

# Mentor Information Form

Mentor's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthday (optional) \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Special interest \_\_\_\_\_

## Circle days of the week available to mentor

M    T    W    R    F

How many days of the week would you like to mentor? \_\_\_\_\_

## Time of day available (please give me a window of when you are free)

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ R \_\_\_\_\_ F \_\_\_\_\_

How many sessions would you be willing to do a day? \*1 session=30 min \_\_\_\_\_

Mentor's signature: \_\_\_\_\_