



Name: _____ Phone: _____ Hm

Address: _____ Wk/Cell

City/ Postal Code: _____

Date _____ email: _____

AVAILABILITY: Please write down a one hour time period that works for you.
(Last time period 3:30 - 4:30 pm)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

GRADE OF INTEREST: Elementary _____ Junior High _____

SCHOOL OF INTEREST (No Guarantees) _____

EMPLOYMENT & EDUCATION: Please complete.

Name of Company	Position	Supervisors Name
Faculty	Name of School	Completion Date

VOLUNTEER WORK HISTORY: Please indicate your most recent volunteer experience.

Name of Agency	Position	Date/Year

Why are you interested in becoming an In-School Mentor and what do you hope to gain from this experience? _____

REFERENCES:

Please provide two references that can comment your character and (if possible) your ability to work with children. (i.e. present or past employer, volunteer supervisors and professionals).

References

Name: _____	Phone: _____ Hm
Address: _____	_____ Wk
Occupation: _____	Relationship: _____
Best time to call Reference _____	

Name: _____	Phone: _____ Hm
Address: _____	_____ Wk
Occupation: _____	Relationship: _____
Best time to call Reference _____	

I guarantee the information in this application form is true and complete. Furthermore, I give permission to the In-School Mentoring Program to contact my referees and obtain information regarding my previous work and volunteer experience.

Signature: _____

Date: _____