



NAME: _____

OCCUPATION: _____

HOBBY/INTEREST:

Please check which forms of communication you prefer to engage your students. Add information as needed:

YES NO PREFERRED

_____ _____ _____ CALL MY HOME PHONE: (_____) _____ - _____

_____ _____ _____ TEXT MY CELL PHONE: (_____) _____ - _____

_____ _____ _____ CALL MY CELL PHONE: (_____) _____ - _____

_____ _____ _____ EMAIL ME: _____ @ _____ . _____

Circle your preferences:

How many students are you willing to mentor? ONE TWO AS MANY AS NEEDED

Do you prefer to mentor: Male students only Female students only Either male or female

Do you speak any languages other than English? If so which ones: _____

Please let us know if you have any concerns or preferences that might help us match you with a student more successfully.

Please return to Brenda Stansfield or Marilynne Salawanchik. THANK YOU!
