

Paul Swick Family Center ~ 2007-2008 School year

MENTOR APPLICATION

(Please print or type)

Name: _____

Street Address: _____

City: _____ Zip: _____

Home Phone: _____ Email: _____

Why would you like to become a mentor?

Please describe any experience you have had working with elementary children:

What are your special interests/hobbies/talents?

Are you currently involved in volunteer work? ____ Yes ____ No

If so, please list your involvement: _____

Any additional comments: _____

If selected, I agree to participate in the mentoring program at the Paul Swick Family Center for the 2007-08 school year - one hour per week.

Signature: _____ Date: _____

(Office use only: Start date _____)