

PLAINVILLE PUBLIC SCHOOLS MENTOR PROGRAM

Mentor Application, STAFF Member

Name of Applicant _____



Days and times available: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Do you prefer working with: Boy Girl No preference

What grade level(s): K 1-2 3-4 5-6 No preference



Please describe any special interests which may be helpful in matching you and your mentee (i.e. stamp collecting, roller skating, computers, football, music, painting, etc.).

Please briefly explain why you would like to become a mentor. _____

Additional information or comments _____

I understand that mentoring takes place on school grounds, during school hours.

Applicant's signature _____ Date _____