



TOOLS

Mentor Questionnaire

Parties interested in serving as mentors during this school year should complete the following items to assist in the selection and matching process.

Name: _____ Title: _____

Company: _____

Company Address: _____

Work Telephone: () _____ **EmergencyPhone:** () _____

Email: _____

Discuss briefly your specific job duties. _____

Discuss briefly your interest in becoming a mentor. _____

Describe when and how you envision your mentoring relationship to take place. _____

Please list your immediate supervisor's name, email and telephone number. _____

I, _____, agree as a mentor to participate in an orientation and training session. Additionally, I agree to attend all scheduled mentoring sessions, to notify school staff of any problems and to be the best possible mentor that I can be to my assigned student. I also agree to a background check as required by the agency once I have been chosen as a mentor.

Signature: _____ **Date:** _____