



# 2010-2011 Fountain Hills Mentor Program Mentor Profile

Name: \_\_\_\_\_

Arizona Phone Number: \_\_\_\_\_ Out-of-State Phone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_ Yes, I would like to receive mentoring info by email. \_\_\_\_ No, I would like **NOT** to receive mentoring info by email.

Arizona Address: \_\_\_\_\_

Out-of-State Address: \_\_\_\_\_

1. Mentored last year at: McDowell Mountain \_\_\_\_\_ Four Peaks \_\_\_\_\_ Middle School \_\_\_\_\_ New Mentor \_\_\_\_\_

2. Prefer to Mentor in K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> Any Grade

3. I would be willing to mentor a **second student** either before or after the student I am assigned. \_\_\_\_yes \_\_\_\_no

4. I would like to Mentor with the **same teacher** I had this year. \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ No Preference

**Teacher's name** if yes \_\_\_\_\_

5. I would like to mentor with the **same student** I had this year. \_\_\_\_\_ Yes \_\_\_\_\_ No

**Student's name** if yes \_\_\_\_\_

6. Date you are available to **start** Mentoring (ex. after Sept. 1) \_\_\_\_\_

7. Day(s) of week and time(s) you are available to Mentor \_\_\_\_\_

8. Besides English, list other languages spoken \_\_\_\_\_

9. Work experience and number of years in occupation \_\_\_\_\_

10. Hobbies, family background, academic strengths, special talents or experiences that you would like to share with a student \_\_\_\_\_

11. Additional Comments and Requests (Use the back of this form for additional comments & requests)

- I swear or affirm that all of the information provided on this Mentor Profile is true and correct.
- I give my consent to the Fountain Hills Mentor Program to conduct a complete background check on me.
- I have received and read the Fountain Hills Mentor Program Resource guide and I agree to the terms, conditions, policies, and procedures contained therein.

\_\_\_\_\_  
Mentor Signature

\_\_\_\_\_  
Date