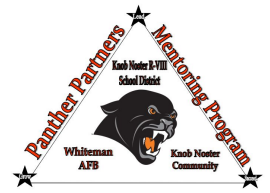
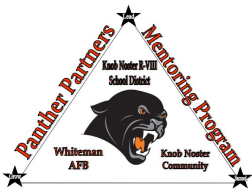


MENTOR PROGRAM FACT SHEET



NAME: _____

RANK/ GRADE/ CIVILIAN _____ SEX (Circle): M / F AGE _____

WORK PHONE: (_____) _____

CELL PHONE: (_____) _____

HOME PHONE: (_____) _____

WORK EMAIL: _____

HOME EMAIL: _____

HOME ADDRESS: _____

CITY/STATE/ZIP

LANGUAGES SPOKEN OTHER THAN ENGLISH (please indicate degree of fluency):

YOUR EDUCATIONAL LEVEL: _____

HOBBIES/INTERESTS: _____

ACADEMIC STRENGTHS / SUBJECTS YOU ARE WILLING TO TUTOR: _____

ACADEMIC WEAKNESSES / SUBJECTS YOU DO NOT WANT TO TUTOR: _____

PAST MENTORING/COUNSELING EXPERIENCE: _____

PREFERRED GRADE LEVEL OF CHILD _____ GRADE SCHOOL (K-4th)
(PLEASE RANK IN ORDER _____ MIDDLE SCHOOL (5th-8th)
OF PREFERENCE) _____ HIGH SCHOOL (9th-12th)

WHAT IS YOUR AVAILABILITY?

COMMENTS:

Please return to Amie Wheeler at Knob Noster Elementary School - 660-563-3019 or awheeler@knobnoster.k12.mo.us