

Choose to Make a **DIFFERENCE**

MENTOR a Future!

Got at least an hour a week that you could invest?

Taylor County students need your help.

Please fill out the mentoring info on the back & bring it to 318 North Clark Street, fax it to 850-838-2501, or email it to sharon.hathcock@taylor.k12.fl.us

**Elevating Taylor County
Students to be
College & Career Ready**



MENTOR MATCH FORM

This match form is confidential. Information will not be shared outside the management team except with your prior knowledge.

CONTACT INFORMATION			
Name:		Today's Date:	
Address:		Birthdate:	
Primary Phone:		Best Time to be Contacted:	
Alternative Phone:		Days Available for Mentoring	
E-mail:		Hours Available for Mentoring	

BACKGROUND INFORMATION

Please provide a copy of your Driver's License so a background check can be completed.

PERSONALITY DATA

<i>Check any of the words that you feel describe your interests.</i>		<i>Share your favorites.</i>	
<input type="checkbox"/>	Arts and Crafts	<input type="checkbox"/>	Video Gaming
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Science - STEM
<input type="checkbox"/>	Travel/Camping	<input type="checkbox"/>	Sports/Exercise
<input type="checkbox"/>	Movies/Music	<input type="checkbox"/>	Four wheeling
Describe yourself in 3 words:			

Mentor Questionnaire – Answers will be used to assist in placement.

Why would you like to be a mentor?	
Please share any life experiences you feel would be helpful to know in making a placement:	
Mentee Requests (Age, Disability, Interests, etc.)	
Are there any personal characteristics you are uncomfortable working with?	

Mentoring Agreement

1. When I am placed with a mentee, I agree to the commitment and will participate to the best of my ability. I will honor confidential information regarding my mentee
2. I will inform staff of any changes in my address and/or phone number. I will inform staff in advance should I choose to stop volunteering.

Signature:	
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