



TEXARKANA

Independent School District

MENTOR APPLICATION

Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

What language(s) do you speak? _____



Why do you want to become a mentor? _____

Do you have any previous experience volunteering or working with youth? _____

Are you available to meet with a child as often as our program requires? _____

What time(s) would you be available? During Lunch: _____ Mornings (during class): _____

Would you prefer to be matched with a child from a specific Grade Level, Ethnicity and/or Gender? (If so, please complete):

Grade Level: _____ Ethnicity: _____ Gender: _____

Favorite Hobbies/Recreational Activities (please check all that apply):

- Computers/Video Games
- Attending Plays
- Drawing/Painting
- Music (general)
- Dancing
- Basketball
- Cooking/Eating Out
- Museums
- Reading
- Listening to Music
- Working Out
- Football
- Shopping
- Movies
- Writing
- Playing Music
- Sports
- Tennis
- Other (please specify) _____

To what extent do you feel comfortable talking to others individually about the following subjects?

	Very	Somewhat	Slightly	Not at all
Academic Skills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College Planning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career Planning/Job Preparation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Issues.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mail Completed Application To:

The Office of Student and Community Support Services
4241 Summerhill Road, Texarkana, Texas 75503

903.794.3651 ext. 1035

Brittney.Brookes@txkisd.net

fax 903.792.2632



