

Imparting Motivation Achieving Goals Expecting Success Phone: (336)528-4833 email: imagesgso@gmail.com

MENTEE APPLICATION

Personal Information: Name____ First DOB (mm/dd/yyyy) Middle Last Age Address _____ Street City ZIP State Home phone ______ E-mail address _____ Father/Guardian's name Work phone _____ Occupation ____ Mother/Guardian's name Work phone _____ Occupation ____ Emergency contact _____ Home phone _____ Work phone _____ Relationship _____ **School Information:** 1. Name of school ______ Grade level _____ 2. List the classes you are taking this year: 3. What are your favorite subjects? 3. What subjects do you feel you need help with? Office Use Only: Date Received Receiver's Name Has the Applicant been Contacted? Yes or No Date: _____ Method: _____ Name of Mentor Assigned:



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| Your Interests: | | |
|--|--|--|
| 1. What are your hobbies and interests? | | |
| | | |
| 2. Do you participate in any extracurricular activities outside of school (e.g., Boy/Girl Scouts, youth programs)? If yes, explain: | | |
| 3. What is your career goal or what types of careers interest you? | | |
| 4. Do you plan on attending college after you graduate? ☐ Yes ☐ No | | |
| 5. What would you like to learn more about or become better at with the help of a mentor? | | |
| Favorites: What is your favorite | | |
| Food | | |
| Music GroupSongPerson | | |
| Match Information: What days of the week are you available to participate? (check all that apply): ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday What is the best time for you to participate? (check all that apply): ☐ Mornings ☐ Afternoons ☐ Evenings ☐ Weekends | | |
| Office Use Only: Date Received Receiver's Name Has the Applicant been Contacted? Yes or No Date: Method: Name of Mentor Assigned: | | |



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| What three words best describe you? | | | |
|-------------------------------------|---|--|--|
| What areas d | do you need assistance in? Check al | .ll that apply | |
| | Preparation for Higher EducationJob Readiness WorkshopsHealth WorkshopsParenting ClassesSocial Activities | Mentoring Tutoring Life Skills Etiquette Referrals for Additional Assistance | |
| Provide any that most sui | | MAGES ensure that we place you in the programs | |
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| Office Use On Has the Appli | nly: Date Received Receicant been Contacted? Yes or No D | iver's Name Method: | |