



Imparting Motivation Achieving Goals Expecting Success

Phone: (336)528-4833 email: imagesgso@gmail.com

MENTEE APPLICATION

Personal Information:

Name _____
First Middle Last Age DOB (mm/dd/yyyy)

Address _____
Street City State ZIP

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 _____

Color _____

Book _____

Movie _____

Music Group _____

Song _____

Person _____

Match Information:

What days of the week are you available to participate? (check all that apply):

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What is the best time for you to participate? (check all that apply):

- Mornings Afternoons Evenings Weekends

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