

Mentor Profile Sheet

Mentor's Legal Name _____

Complete Mailing Address _____

Day Phone # _____ Email Address _____

Date of Birth _____ Soc. Sec. # _____ Race _____ Sex _____

Company/Organization (if applicable) _____

Emergency Contact Person _____ Phone _____

Address _____

Preference of Day:

Choice #1 _____

Choice #2 _____

Preference of time of Day:

Choice #1 _____

Choice #2 _____

Indicate Preference:

_____ boy _____ girl _____ no preference

_____ Black _____ Hispanic _____ Asian _____ Anglo _____ No preference

_____ a student who has experienced some difficult circumstances

_____ a student who has less problems _____ no preference

Indicate special interests which may be helpful in matching you with your mentee (needlepoint, football, computers, history, etc.).

If you prefer to work in a particular school and/or grade level please indicate your preference here:

If you have no preference, we will place you where you are most needed.

In compliance with the Board Policy Manual, the District shall obtain the criminal history record of prospective school volunteers.

Authorization of Inquiries

In order to qualify for volunteer services, I hereby authorize Bay City Independent School District to conduct a police record inquiry through The Department of Public Safety.

Signature of Applicant

Date