

**Take Stock in Children**  
**Polk Education Foundation**  
**MENTOR APPLICATION**  
 1530 Shumate Dr. - Bartow, FL 33830  
 Phone (863) 519-8077  
 Fax (863) 519-3791

PERSONAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Social Security # \_\_\_\_\_ E-Mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Employment \_\_\_\_\_

Position/Job Title \_\_\_\_\_

How long have you lived in Polk County? \_\_\_\_\_ years \_\_\_\_\_ months Race \_\_\_\_\_ Gender \_\_\_\_\_

What is your reason for wanting to become a mentor?

What are your current and/or prior volunteer experience?

What is your prior experience with youth?

List any organizations and clubs to which you belong.

Education: highest grade (degree) completed?

List any interests of hobbies you might share with a student.

List the school(s) you are requesting.

<i>Office use only</i>		
Student	School	Date
Trained: _____	Date _____	Location _____
Approved: _____		