

Polk Mentoring Alliance

Mentor Application

Social Security Number _____

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Date of Birth _____ Race _____ Sex _____

Place of Employment _____ Position _____

Fax _____ Email _____

Mentor Program: Youth Motivator Take Stock In Children Diversity Mentors Get Real! Teen Trendsetters
 Junior Achievement Guardian Ad Litem Shoulders of Giants

School _____
Elementary Middle High

How long have you lived in Florida? _____ years _____ months

References:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

What is your reason for wanting to become a mentor?

I have contacts in these organizations, clubs, or churches.

I would help arrange presentations to them. Yes No

For Office Use Only

Approval Date: _____ Training Date: _____ Date Matched _____

Student _____ ID # _____ School _____ Days Served _____

Referred to _____
School Coordinator Program Contact

Return to:
Community Involvement Office
P.O. Box 391 – Bartow, FL 33831
Phone (863) 534-0636
Fax (863) 534-0705

Website: <http://www.polk-fl.net/community/volunteers/default.htm>