

NEWTON MENTORING PROGRAM

Mentor Application

(PLEASE PRINT)

NAME: Dr/Mr/Mrs/Ms _____ **AGE:** _____

PERMANENT ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

LOCAL PHONE: (H) _____ (W) _____ **E-MAIL** _____

MAILING ADDRESS: (if different from above) _____

EMPLOYER: _____ **OCCUPATION:** _____

EDUCATION: High School ___ Some College ___ Assoc Degree ___ Bachelor's ___ Master's ___ Doctorate ___

COMMUNITY INVOLVEMENT: _____

EXPERIENCE IN WORKING WITH CHILDREN: _____

What motivated you to participate in the Newton Mentoring Program? _____

INTERESTS: Travel Reading Walking/Hiking Nature Music
Please circle Crafts Gardening Art History Cooking
Computers Science Collecting Shopping
Sports _____ Other _____

FOREIGN LANGUAGES? _____

PREFERENCES: Elementary (5-11) ___ Middle (11-14) ___ High (14-18) ___
Age ___ Gender _____ Ethnic Group _____ Personality of Student _____

SCHOOL PREFERENCE (if desired) _____

Mentor Agreement:

As a volunteer for the Newton Mentoring Program, I agree to the following:

- To attend a training session before beginning.
- To commit to one hour per week for the remainder of the school year.
- To be on time for scheduled meetings.
- To notify the school counselor if I am unable to keep my weekly meeting.
- To engage in the relationship with an open mind.
- To keep discussions with my mentee confidential.
- To notify the Newton Mentoring Program if I am unable to keep this agreement.

SIGNATURE: _____ **DATE:** _____

Please return completed application by e-mail: mwashington@newtonmentoring.com or to:
Newton Mentoring, Inc., 2101 Clark Street, Covington, GA 30014; Phone: 678-381-7948