

SPAVA Mentor Application

Please print clearly or type in boxes.

Name Today's Date

Mailing Address

Street/Apt.

City

State

Zip

Phone Email

Best way to reach me during the day

Date I can begin my SPAVA assignment

Are you doing this for school? If so, what class are you mentoring for and what is your professor's name?

Please check all that apply:

I want to mentor only one ten-session class this year.

I want to mentor more than one ten-session class this year. When?

I want to start mentoring consistently and long term.

I want to discuss all alternatives for mentorship with an administrator

(for mentors with busy schedules)

I prefer to work alone.

I prefer to work with a partner. Do you already have someone in mind?

And, of so, who?

Mentoring alone or with a partner is fine with me.

Are there any other services that you would be interested in performing such as office administration, training, marketing, or other?

Grade level preference (Number all levels that you would accept based on preference.)

Elementary (Gr. 1-2) (Gr. 3-5) **Middle** (Gr. 6-8) **High School** (Gr. 9-12)

Preferred days and times (Even evenings and weekends.)

Have you already filled out the background check?

Have you received/sent your results yet?

Comments/Concerns

Thank you!