



Mentee Application

Date Received:

We are glad that you want a mentor! Please answer these questions so that we can try to make the best "match." If you do not feel comfortable answering a question, you may leave it blank. The more we know about you, the better we can match you with your mentor.

Name: _____
(last) (first) (middle)

Address: _____

Telephone Number(s): _____
(home) (work) (cell)

E-Mail Address _____

Parent's/Guardian's Name _____

Parent's/Guardian's Address (if different)

Is any parent currently incarcerated in the state of Vermont or elsewhere? Yes__ No__

Is your child receiving free or reduced lunches? ___Yes ___No

Birthdate: Month/ Day/ Year _____ Sex: M F

School _____ Grade _____ Teacher _____

Favorite subject _____ Least favorite subject _____

What activities, clubs, sports, are you involved with?

What are your hobbies?

Are you currently taking any medications?

If yes, for what

conditions? _____

Doctor's name and phone number _____

Person and phone number to be contacted in case of emergency if parent cannot be reached _____

When would you like to meet with your mentor? (all that apply)

After school what days and times _____

Weekends what day(s) and times _____

I am . . .

Talkative_____ Quiet_____ Friendly_____ Shy_____ Funny_____

Serious_____ High-energy_____

When I grow up I want to be . . .

I want a mentor because . . .

I like to . . .

Please return forms to: Wendy Freundlich, 490 Center Road, Middlesex, VT 05602