



Barbers Hill Independent School District Mentor Program Application

Name _____

Birthday _____

Employer (if released from work) _____

Work Number _____

Home Number _____

Home Address _____

Email Address _____

Do you have previous experience as a mentor? _____ If yes, where? _____

Do you have previous experience volunteering with youth? _____ If yes, please describe: _

Do you speak another language? • no • yes Specify: _____

Interests/Hobbies _____

Grade Level of student you would prefer to mentor (check all that apply):

- Kindergarten (Kindergarten Center)
- First (Primary)
- Second thru Fifth (Elementary-North)
- Second thru Fifth (Elementary-South)
- Sixth thru Eighth (Middle School-North)
- Sixth thru Eighth (Middle School-South)
- Ninth-Twelfth (High School)

Subject areas you would prefer (check all that apply):

- Language Arts (reading, writing, spelling)
- Mathematics
- Science

Times you would be available to mentor (check all that apply):

- 7:00a.m. - 7:30a.m. (secondary campuses only)
- 7:40a.m. - 8:20a.m. (elementary campuses only)
- 10:30a.m - 11:00a.m.
- 11:00a.m. - 11:30a.m.
- 11:30a.m. - 12:00p.m.
- 12:00p.m. - 12:30p.m.
- anytime
- other (specify) _____

Day of week you would prefer to mentor (check all that apply):

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

I have received a copy of the **Mentor Guidelines** and will adhere to them.

(Mentor Signature)

****Return completed application to Campus Mentor Coordinator or Robin Waller.**

email: rwaller@bhisd.net fax: (281) 576-3415.

School use only:

Student _____ Grade _____

Teacher/counselor _____

Day: _____ Time: _____