



Partnership *for a*
Drug Free
DeKalb County



Mentor Application

Name: Dr. /Mr./Mrs./Ms. _____ Age: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ - _____ Phone (W): _____ - _____

E-mail: _____

Employer: _____ Occupation: _____

Education (check highest level):

High school: ___ Associate Degree: ___ Bachelor's: ___ Master's: ___ Doctorate: ___

Community Involvement:

Experiences In Working With Children

Interests (please check)

Travel: ___ Crafts: ___ Shopping: ___ Reading: ___ Art: ___ Cooking: ___ Walking/Hiking: ___

History: ___ Gardening: ___ Nature: ___ Science: ___ Collecting: ___ Music: ___

Computer: ___

Sports (specify):

Other:

Foreign Language: _____

Preferences:

Book Buddy (K-3) : ___ Peer Pals (4th-5th): ___ Middle Ground(6th-8th): ___

School preference (if desired): _____