



Partnership *for a*
Drug Free
DeKalb County



Mentor Profile Sheet

Date: ___/___/___

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ E-mail Address: _____

Male/Female: _____ Ethnicity: _____

Employer: _____ Work Phone: _____ - _____

Reference/Contacts:

Name: _____ Phone: (_____) _____ - _____

Name: _____ Phone: (_____) _____ - _____

Name: _____ Phone: (_____) _____ - _____

Hobbies/Interests:

Times available for meeting with mentee(specify if possible):

Morning: _____ Lunch: _____ Afternoon: _____ Other: _____

Desired level/program:

Book Buddy (Grades K-3/mentor 30min.per month) _____

Peer Pals (Grades 4-5/mentor 30 min twice a month) _____

Middle Ground (Grades 6-8/ mentor one hour weekly) _____