



Partnership for a
Drug Free
DeKalb County



Student Mentor Application

Name: _____ Age: _____ Grade: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ - _____ Cell Phone: _____ - _____
Work Phone: _____ - _____ Employer: _____
E-mail: _____ @ _____

School Involvement:

Community Involvement:

Experiences In Working With Children:

Interests (check all that apply):

Travel: _____ Crafts: _____ Shopping: _____ Reading: _____ Art: _____ Cooking: _____
Walking/Hiking: _____ History: _____ Gardening: _____ Nature: _____ Science: _____
Collecting(specify): _____ Music: _____ Music: _____

Sports(specify): _____

Other: _____

Foreign Languages: _____

Preferences: Age: _____ Gender: _____ Ethnic Group: _____

~I AM WILLING TO COMMIT AT LEAST THREE HOURS PER MONTH FOR THE REMAINDER OF THE SCHOOL YEAR.~