



Partnership *for a*
Drug Free
DeKalb County



Student Mentor Profile Sheet

Date: ____/____/____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: ____-____ Cell Phone ____-____ Work Phone ____-____

Employer: _____

E-mail Address: _____@_____

Male/Female: _____ Ethnicity: _____

References:

1. Name: _____ Phone (____) ____-____

2. Name: _____ Phone (____) ____-____

3. Name: _____ Phone (____) ____-____

Hobbies:

Schedule:

1st Block: _____ Time: _____ Teacher: _____

2nd Block: _____ Time: _____ Teacher: _____

3rd Block: _____ Time: _____ Teacher: _____

4th Block: _____ Time: _____ Teacher: _____

Desired Mentee Characteristics:

Other Obligations (employment, family, religious, etc.):

To Be Filled Out by SCP

Matched with: _____ Date of Match: ____/____/____

Match supervisor: _____