



MENTOR PROGRAM  
BARROW COUNTY SCHOOLS  
106 Church Street  
PO Box 767  
Winder, GA 30680  
770-867-4527

BARROW COUNTY SCHOOL SYSTEM  
MENTOR APPLICATION/PROFILE

Name \_\_\_\_\_  
                    First                                    Middle                                    Last

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Time available to mentor \_\_\_\_\_

Indicate your grade preference \_\_\_\_ elem. \_\_\_\_ m.s. \_\_\_\_ h.s.

School preference, if any \_\_\_\_\_

How did you hear about this program OR who referred you?  
\_\_\_\_\_

Briefly describe why you have chosen to participate in the mentor program:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you feel are the strengths (bilingual, math skills, previous volunteer experience, etc.) you can bring to this program?  
\_\_\_\_\_  
\_\_\_\_\_

Special talents or experiences you would like to share with a student:  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies, travels, academic strengths.....  
\_\_\_\_\_  
\_\_\_\_\_

Initial the two statements below:

\_\_\_\_\_ I understand that the mentor program involves spending a minimum of one (1) hour every week for the academic year at a school with an assigned student.

\_\_\_\_\_ I understand that I will be required to complete the mentor program orientation and have a criminal background check.

Within the last ten years, have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency, or a violation involving a state/federally controlled substance?

YES \_\_\_\_\_

NO \_\_\_\_\_

Date of Mentor Orientation \_\_\_\_\_ \*

(\*PLEASE INDICATE HERE WHAT DATE YOU CAN ATTEND. A SCHEDULE OF CLASSES IS AVAILABLE AT EACH SCHOOL AS WELL AS THROUGH THE PUBLIC RELATIONS DEPARTMENT - 770-867-4527)