

Color of Teaching Mentoring Program Mentee Contact Information

Please print clearly.

Name: _____

Parent/Guardian's Name: _____

Address (please include zip code): _____

Home phone : _____ Cell phone: _____

E-mail: _____@_____

School: _____
Small Learning Community: _____

Year of Graduation: _____

What area of education are you interested in? (teaching, guidance counselor, administrator, etc.)

What age level and/or content are you interested in working with? (Early childhood, Elementary Education, Secondary Education- English, etc.)

Activities you are involved in at school:

Hobbies and Interests:

Special Talents: