



**MENTOR INTEREST FORM**

Full Name		E-mail Address				
Address		Telephone Contacts:				
		Cell Phone				
		Home Phone				
		Business Phone				
Date of Birth		Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female

**EMPLOYMENT**

Employer	Business
Job Title	Job Description
Why do you want to be a mentor?	
Can you commit to participate in the Chance Mentoring Program for a minimum of one year from the time when you are matched with a youth?	
Are you available to meet or have meaningful contact with a student at least once per week? Please explain any scheduling issues.	

Signature:

Date: