



For Office Use Only:	Dates:
Sent to Traci:	
Mentee Assigned:	
Training Completed:	

Mooresville Graded School District  
*Change A Life Mentoring Program*

Please Return this Form to:

Nancy Mangan  
Mooresville Graded School District  
305 North Main Street  
Mooresville, North Carolina 28115  
Tel: (704-658-2530)

**Renewal Application to be a Student Mentor**

Yes, please use this application as my acceptance to be a mentor in the "Change A Life Mentoring Program"

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel: \_\_\_\_\_

**Important**, please fill in and check ✓ what is applicable below:

Please check if you would like mentor refresher training.

*(please print name and school below of mentee/s and school/s)*

Yes, I would like to help the same mentee as last year. **Mentee:** \_\_\_\_\_

**School:** \_\_\_\_\_

No, I would like to help another mentee this year. **Mentee:** \_\_\_\_\_

**School:** \_\_\_\_\_

Please list any potential mentors below that you think we should contact:

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ and/or Email: \_\_\_\_\_

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ and/or Email: \_\_\_\_\_

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ and/or Email: \_\_\_\_\_