



For Office Use:

Orientation Date _____

Expiration Date _____

Returning/New? _____

Birthdate _____

Initials _____

LINKS Mentor Application – Lunch Buddy

Personal Information

Full Legal Name: _____
First *M.I.* *Last*

Email: _____ Phone: _____

How did you hear about LINKS: _____

Volunteer Placement Information

Current Occupation – and if in current occupation less than 1 year, what was your previous occupation?

School (if you know): _____

Hobbies, Interests, Skills: _____

Do you speak other languages? Yes No

If yes, what language? _____

Have you ever worked with children before? If yes, in what capacity?

Why would you like to become a mentor?

How would you describe your personality? (check all that apply)

Friendly/Outgoing
Life of the Party

Serious
Reserved

Talkative
Motivational

Funny
Quiet

Laid Back
Encouraging

What qualities are you looking for in a student mentee:

Day of the Week you are available: Mon. Tues. Wed. Thurs. Fri.

LINKS requests a commitment of one hour per week for the school year

Additional information you would like to provide:

Please review and sign below:

_____ (optional) I agree to allow Lake Washington School District LINKS Program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature

Date