

La Porte Independent School District



Mentor Application

***Please return completed application to:
La Porte ISD Education Support Center***

PLEASE PRINT

Name _____ Home # _____
Last First MI

Home Address _____ Cell # _____

City _____ State _____ Zip _____

Preferred Email: _____

What is your employment status?

- Unemployed Employed Retired Student

Select ONE of the following that best categorizes your current or past employment.

- Education Healthcare
 Technical/Sales/Administrative Service Military
 Law Enforcement/Justice Religious Other (specify): _____

Name of Employer: _____

“Every child is ONE caring adult away from being a success story.”

What day of the week do you prefer? _____ No Preference

I prefer to mentor a: Girl Boy No preference

I prefer working with a child who is: Shy Outgoing No preference

Do you prefer mentoring at a specific school?

No preference Yes (please specify name of school): _____

Do you speak a foreign language?

Yes No Language(s): _____

How did you hear about HELPS mentoring?

Friend Social Media District Website Other: _____

Please list two references:

Name	Email Address	Phone
1. _____	_____	_____
2. _____	_____	_____

“Every child is ONE caring adult away from being a success story.”

Please place an X by the activities you enjoy the most:

- Playing/watching sports such as _____
- Listening to music such as _____
- Writing
- Reading
- Attending plays
- Building things
- Arts and Crafts
- Visiting zoos and parks
- Using computers
- Cooking
- Hiking and exploring nature

****Please note that you WILL NOT be expected to actually participate in these activities with your mentee. You will remain on school property at all times.**

Information about your interests will help us create successful matches between mentors and mentees.

In the space below, please share what other activities or hobbies not listed above you enjoy doing:

To help us best match you, in the space below, please share anything you have overcome or had to deal with in your life that will help you mentor kids who may face similar struggles.

PLEASE READ CAREFULLY BEFORE SIGNING

La Porte ISD appreciates your interest in becoming a mentor to our students. By signing below, you authorize La Porte ISD to verify all information found in this application. Your signature attests to the truthfulness of all the information listed in this application as well as your agreement to a criminal background check.

Date

Applicant Name (print)

Signature

“Every child is ONE caring adult away from being a success story.”