

Employee Mentor Application

Name: _____ Phone Number: _____
Dept./School: _____ e-mail address: _____
Job Title: _____ @nclack.k12.or.us

Directions: Check mentorship activities in which you would like to participate.

- | | | |
|--|---|---|
| <input type="checkbox"/> help or tutor in a classroom | <input type="checkbox"/> classroom project advisor | <input type="checkbox"/> school-to-careers center mentor |
| <input type="checkbox"/> be a Bus Buddy | <input type="checkbox"/> work experience supervisor | <input type="checkbox"/> bus buddy/rider on afternoon bus |
| <input type="checkbox"/> listen to a child read | <input type="checkbox"/> job shadow host | <input type="checkbox"/> senior project consultant |
| <input type="checkbox"/> assist at Family Support Center | <input type="checkbox"/> guest speaker | <input type="checkbox"/> assist in projects sewing, cooking, etc. |
| <input type="checkbox"/> be a Lunch Buddy | <input type="checkbox"/> junior achievement presenter | <input type="checkbox"/> help with classroom projects |
| <input type="checkbox"/> chaperone a field trip | <input type="checkbox"/> informational interview | <input type="checkbox"/> school-based enterprise advisor |
| <input type="checkbox"/> demonstrate arts and crafts | <input type="checkbox"/> mock interview | <input type="checkbox"/> SMART reading mentor |
| <input type="checkbox"/> share a career or hobby | <input type="checkbox"/> career fair participant | <input type="checkbox"/> career fair presenter |
| <input type="checkbox"/> share a second language | <input type="checkbox"/> work site visit host | <input type="checkbox"/> career-related learning mentor |
| <input type="checkbox"/> internship mentor | <input type="checkbox"/> ASPIRE mentor | <input type="checkbox"/> assist with dental teaching |
| <input type="checkbox"/> help in media center | <input type="checkbox"/> service learning advisor | <input type="checkbox"/> help students edit writing |

Indicate your grade level preference: Elementary Middle High School

Indicate preferred school/program/role: _____

Proposed mentorship schedule: _____

Signature of approving supervisor: _____ Date: _____

Mentorship Placement:

Date approved: _____ School/program: _____

Volunteer role: _____

Supervisor at mentorship site: _____ Phone: _____

Community and Government Relations Department signature: _____

**Return this form to Kathy Harrison, Community Relations Department, unit #950.
Questions? Call 503-353-6019.**